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DoH tables fee for extra pharmacist...

... as MPs add more pressure

Boots 'no' to professional fee

Caldwell and Patel join Council line-up

Protect members Branch reps tell Society

How to give up smoking

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Barnet look to their FHSA to buy services



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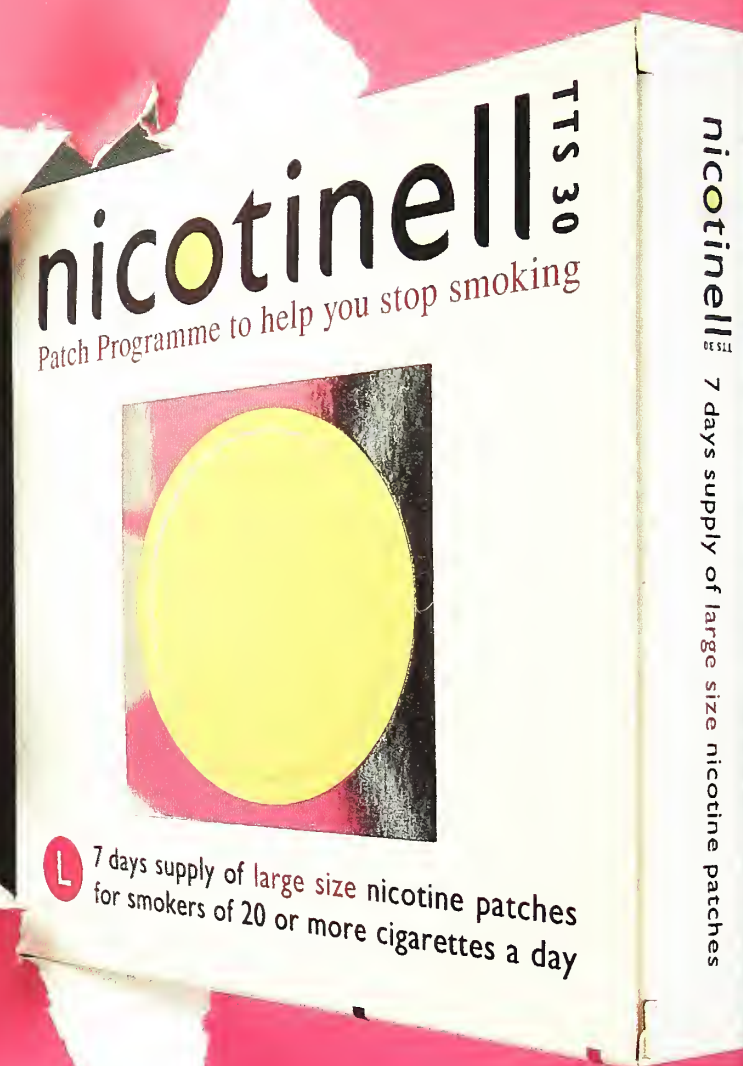
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Geigy

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Comment

The Pharmaceutical Services Negotiating Committee campaign to bring highlight the consequences of the possible demise of hundreds of small but key community pharmacies if the present NHS script Professional Allowance pay threshold is enforced — is bearing fruit. Chairman David Sharpe was set to hand to Health Secretary Virginia Bottomley a 333,000 signature petition in support of small pharmacies on Thursday, after *Chemist & Druggist* closed for press. No doubt he would also take the opportunity to ask her directly for a response to his Monday letter asking for “urgent” clarification of a story circulated by Conservative back-benchers, that the Department had scrapped its 2,000 script-a-month Professional Allowance threshold proposal.

Whatever the validity of this “U-turn” on pharmacy pay, there is little doubt that MP pressure is causing the Government to change direction. This is evident from the joint summary of the plenary negotiating session on May 6 when the DoH said it was prepared to delay for a year the implementation of a flat rate fee. It also wants to discuss without financial commitment the possibility of paying for a second pharmacist in pharmacies dispensing more than 2,000 prescriptions a month.

Meanwhile Boots, who in any case have representation on PSNC, have unilaterally rejected the 1.5 per cent offer

and the concept of a PA because it penalises financially the larger contractor. Xrayser's words this week about multiples have taken on a prophetic air — more's the pity. Additionally, Royal Pharmaceutical Society members at the annual meeting (p936) passed a motion calling on the Society to press PSNC to reject a minimum script threshold as a basis for payment of a PA. Now that Pharmacy Support Group chairman Hemant Patel has been elected to Council, perhaps the Society will be moved to act on this. Certainly, it has been active in lobbying over the implications of the “radical restructuring of remuneration” with president David Coleman characteristically to the fore (see p936). Indeed DoH under secretary Melvyn Jeremiah has welcomed the RPSGB working party into small pharmacies and says the DoH will “keep in close touch with its progress” (C&D interview, May 1,p804).

Quality community pharmacy services are the key to good basic community health care. But their provision will not be ensured by linking payment recognising professional excellence to dispensing volume, but by stringent RPSGB audit of practice in the High Street, coupled to the additional training necessary to maintain existing services at high a standard and to underpin the new. Pay deals punishing small pharmacies are no answer.

DoH tables second pharmacist allowance

The Department of Health has suggested that a second pharmacist allowance might be payable for contractors dispensing over 2,000 items a month from 1994-95.

The DoH has also told the Pharmaceutical Services Negotiating Committee that it is prepared to delay by a year the target date for the implementation of a flat rate fee to April, 1995.

In a highly unusual move, the DoH and PSNC have issued a joint report of their last plenary meeting on May 6. In it the Department gives examples of how it sees the professional allowance developing.

At an earlier meeting PSNC had stressed the need for the Department to define its long term aims. In response the Department has proposed a modular approach, with each module linked to a specific aspect of pharmaceutical work and to a particular element of payment.

The Department gives the below example of how such a scheme might work:

- **1993-94:** A "core" professional allowance
A practice leaflet
Health promotion literature
- **1994-95:** A second pharmacist allowance above 2,000 scripts a month
A collection and delivery service
- **1995-96:** A clinical audit
Postgraduate education
Referral forms
Domiciliary visits, medicine monitoring

PSNC has nothing against "without commitment" talks on the modules but says some elements will be difficult from a practical standpoint and will require a considerable lead time. The DoH cannot indicate what the level of funding might be in future years.

In view of the uncertainty for contractors over future income, the Department says further thought has been given to how a professional allowance (either paid monthly or annually) should be awarded.

Instead of the allowance being paid monthly on the basis of qualification the previous month, the DoH says there might be merit in introducing a rolling target which smoothes out seasonal fluctuations, or paying monthly on the basis of qualification the previous year.

PSNC reiterated its position that it was not prepared, under any circumstances, to accept a threshold level in excess of 1,000 prescriptions.

The Department responded

that it wishes to support pharmacies which dispense below the threshold but which are regarded as essential. The Government will not continue to support other pharmacies by indiscriminate front loading.

The Department envisages the professional allowance, whether lump sum or modular, should be "contiguous with the upper threshold of the Essential Pharmacy Scheme qualification".

PSNC's position is that the EPS and the professional allowance should remain completely independent. The Committee is convinced that the DoH's proposals remain unacceptable to contractors. Both sides therefore remain "very far apart on the question of thresholds".

The ESP scheme

PSNC's view is that if the threshold for the ESPS is set at a reasonable level there would not be any need to have a large number of pharmacies in the scheme. This supports the 1,000 script threshold to which the Committee is committed.

The details of the proposed scheme are:

- **Distance:** The basic qualification will remain at more than 2km (1.24 miles) from the next nearest pharmacy by the nearest practicable route for pedestrians.
- **Prescription threshold:** The DoH envisages that the income

limit per annum will increase in line with the global sum. However, the prescription thresholds for the EPS qualification will need to be increased from 17,200 with the move to a flat rate dispensing fee.

The existing arrangements for contractors dispensing under 6,000 items per year and who are more than 2km from the nearest pharmacy would continue.

- **Special cases:** This area is to be reconsidered in the light of the "access working party" set up by the Royal Pharmaceutical Society

- **Incentives:** An incentive must be built into the EPS to ensure that the maximum total income is only obtained at the upper threshold and below that level the income decreases by the amount of the incentive per script dispensed.

- **Professional allowance:** All contractors covered by the EPS should meet the criteria for the basic professional allowance and be paid the allowance as part of their NHS income.

The DoH has confirmed it is looking at incentives to encourage contractors to move to rural areas.

The DoH has confirmed that there is "no hope whatsoever" of compensation for pharmacies surrendering their NHS contracts, or that they will increase advance payments.

PSNC and DoH continue to battle in the lobby

David Sharpe, chairman of the Pharmaceutical Services Negotiating Committee was to hand over to Health Secretary Virginia Bottomley petition forms with 333,000 signatures protesting against possible closure of community pharmacies, on Thursday, after C&D had closed for press.

Pharmacy negotiators say they hope to make more progress with the Department of Health at their next plenary session on June 15, than they did at the May 6 meeting.

"We continue to be dissatisfied with the Department of Health's unwillingness to come forward with any acceptable proposals. At this stage of negotiations we appear to be as far apart as we were when the Department put forward its unacceptable proposals," PSNC chairman David Sharpe said last week.

However, the good news is that the Department will be putting forward fresh proposals for the next plenary meeting, although

PSNC has no idea of what they might be.

Mr Sharpe paid tribute to the effort put into lobbying at local level by pharmacy contractors. "I believe this has been the most effective campaign pharmacists have ever run. We have created a scenario where the DoH is unquestionably going to amend its proposals," he said.

PSNC continues to take strong exception to the line taken by ministers in letters to other MPs that all public sector and related bodies employees are having pay rises capped at 1.5 per cent.

"This is patently untrue," says Mr Sharpe. GPs saw their practice expenses increased by 11 per cent to give an overall increase of 3.9 per cent. Pharmacists have practice expenses in exactly the same way as GPs and they are entitled to the relevant increase."

- David Sharpe was re-elected unopposed as chairman of PSNC at the Committee's last meeting. David Billington was re-elected deputy chairman.

Has Virginia U-turned on thresholds?

Health Secretary Virginia Bottomley has been challenged by Pharmaceutical Services Negotiating Committee David Sharpe to say whether or not her Department has "scrapped proposals that threatened the future of small pharmacies".

The suggestion that the DoH had withdrawn the damaging proposals came in a Press release issued by a Conservative back-bencher on Monday. Mr Sharpe wrote to Mrs Bottomley the same day asking for a "most urgent clarification on a confusing situation, which is, not surprisingly, causing great concern and anger to the PSNC and NHS pharmacy contractors".

Mr Sharpe told C&D on Wednesday as we closed for press that "as far as we are concerned the 2,000 threshold has not been withdrawn officially".

Our lobby correspondent says Mrs Bottomley has been mounting a political damage limitation exercise at Westminster as the protests against the proposal to introduce a 2,000 prescriptions per month threshold for entitlement to the new professional allowance for pharmacists has gathered momentum.

Prominent Tory back-benchers, Welsh Nationalists and Liberal Democrats joined Labour MPs in warning that the proposal could result in many communities throughout the UK being left without a pharmacy.

On Wednesday, a further group of Labour MPs tabled a motion calling for the "immediate" withdrawal of the NHS pay proposals "which posed a threat to pharmacies across the UK".

Health Minister Dr Brian Mawhinney had given the first indication that the search was on for an acceptable line of retreat. He told MPs "We are exploring a range of options for restructuring pharmacists' pay. Consultations are continuing and no options have yet been ruled out."

Meanwhile, close on 100 MPs had registered their support for the parliamentary motion sponsored by Dawn Primarolo, Labour's Shadow Health Minister calling on the Government to withdraw its original offer to the PSNC and replace it with one designed to protect the interests of patients in preserving community pharmacists.

The impact which the 2,000 prescriptions per month threshold would have was spelled out by Sheffield's five Labour MPs, who tabled a motion condemning the pay proposals and warning that they could result in the closure of almost one in five of Sheffield's pharmacies.

Boots reject professional fee concept and 1.5pc offer

Boots the Chemists see the payment of a professional allowance as a subsidy for less efficient contractors.

"Because it reduces the total sum available for dispensing fees it operates to the disadvantage of efficient higher volume pharmacies," says managing director Gordon Hourston in a letter sent out to Boots pharmacists last week setting out the company's position on remuneration.

Boots also believe that abolition of control of entry will, over time, allow market forces to bring about a rationalisation in pharmacy numbers. "This should be underpinned by the Essential Pharmacies Scheme to protect those areas where commercial viability cannot be achieved," says Mr Hourston.

Boots applaud the Department of Health for seeking higher standards within pharmacies, but Mr Hourston says: "We consider that the services required to qualify for the allowance should be a prerequisite for all pharmacies providing NHS dispensing services and not subject to a separate payment."

"The threshold of 2,000 items is entirely arbitrary as any other threshold figure would be and we reject the basic concept."

Mr Hourston says the offer of a 1.5 per cent increase is unacceptable to Boots. It takes no account of DoH estimates that the items prescribed will increase by 2.4 per cent. Contractors will actually see a reduction in average fee per item, he says.

Boots believe the most effective way of developing the pharmaceutical service in the

best interests of NHS patients, while providing money to the taxpayer, is to operate a single-tier fee.

"A higher single fee will encourage investment, innovation and development of new, extended or improved NHS pharmacy services," says Mr Hourston. He adds that Boots support the continuation of the ESPS and would wish to see the scheme upgraded to "ensure the public interest is fully protected".

Boots have a "clear vision" of the way community pharmacy should develop over the next decade. Mr Hourston lists five main elements in his letter:

- A pharmacy service that is properly resourced and remunerated to make an

expanded contribution to primary care, as envisaged in the Government's "Health of the Nation" White Paper.

- Higher standards and quality of service throughout the profession, brought about by the clear definition of standards and services required from all NHS contractors and supported by effective monitoring.

- A remuneration structure which rewards efficient contractors and encourages them to invest in the further improvement and development of the dispensing service.

- An approach to pharmacy location that provides reasonable access for all NHS patients without imposing unnecessary cost penalties on the NHS.

OTC licence for Zovirax

Wellcome have won approval to market the cream formulation of Zovirax as an OTC treatment for cold sores.

The company still needs a Parliamentary Order to complete the product's change of status, but Wellcome say that this is expected shortly.

Wellcome plan to make Zovirax cold sore cream available through pharmacies from mid-July.

In the run-up to the consumer launch the company will be running a three-part pharmacy education programme, covering cold sores, Zovirax cold sore cream and patient counselling.

The product is already available OTC in Denmark, Finland, Germany and new Zealand.

POM indications for Zovirax will remain the same.



People with minor ailments still visit GPs

People do not treat more minor illness themselves but continue to visit a GP for a prescription, latest figures suggest.

As a result, the Proprietary Association of Great Britain plans to tell the public about pharmacists' expertise and the availability of safe and effective OTC medicines.

While POM to P changes have fuelled a 10 per cent increase in the value of the UK OTC medicines market, volume growth is only 0.4 per cent, according to PAGB data.

Certain sectors have grown including smoking cessation, indigestion remedies, hayfever products and topical pain relief.

PAGB Executive Director Sheila Kelly said that growing health awareness in consumers

and the demand for new and more sophisticated treatments was evident in growing market areas. However, the evidence pointed to continued reliance on the GP, even for minor symptoms.

"At a time when the GP's workload is increasing, often reflected in the time it takes to secure an appointment, it makes sense to ensure that people are fully aware of the expertise of the local pharmacist and the wide range of safe and effective products available without prescription," she said.

"We can relieve doctors of some pressure simply by educating people that the pharmacist is ideally placed to advise as to whether a trip to the surgery is necessary."

Pharmacy services for FHSAs

Contractors in Barnet are looking at the possibility of their FHSA purchasing services from community pharmacists in the same way as they purchase health services from other sources.

Among those areas being studied for possible inclusion in the scheme are domiciliary visits and diagnostic testing including pregnancy tests.

Barnet Local Pharmaceutical Committee chairman Adrian Korsner believes that this may be the way forward for pharmacists particularly given the current situation with remuneration.

"This could be a way of remunerating pharmacists for the future role with new money not coming from the existing global sum," he told C&D. "It also helps incorporate the pharmacist into the primary healthcare team."

Both the FHSA and the LPC are committed to the idea of pharmacists being remunerated for the extended role, he said. "We are not expecting them to do anything extra for nothing."

Currently if the GP wants a pregnancy test done, he sends the sample to a hospital, the results take a week and the FHSA pays the hospital for doing the test. A pharmacy could carry out the test, give the results immediately, and be paid by the FHSA in the same way, he said.

A project to investigate the value of pharmacists carrying out domiciliary visits is due to start in Barnet in the next week or so. All GPs in the area have been contacted and asked which of their patients would benefit from a visit by a pharmacist. A working party has been set up and a training package produced.

Patel and Caldwell elected

Hemant Patel, Essex proprietor pharmacist and chairman of the Pharmacy Support Group, has been elected to the Royal Pharmaceutical Society's Council.

He said he was absolutely delighted and surprised by the result. "I feel that we have now got a humanistic approach to solving problems rather than a pragmatic one."

Mr Patel said he would be focussing his energies at the grass roots of the membership and would be looking to increase voting in next year's election by a minimum of 20 per cent.

"I want to make sure that the pharmacy profession is allowed to take centre stage in health issues," he said, "and get the respect and remuneration we deserve".

He is arranging another open meeting for the Pharmacy Support Group in the Midlands on June 20 which, he says, will be both controversial and confrontational.

"The interest in the group since it was formed has been enormous," Mr Patel told C&D.

"We feel we have to express ourselves in different geographical areas to let people know that we're not just a London-based group."

He is the only newcomer to Council. Members re-elected were: David Allen (proprietor from Essex), Geoff Booth (former professor of pharmacy practice, Bradford University), David Coleman (proprietor from Norfolk), Ann Lewis (Chester and Halton district pharmaceutical officer) and Alan Nathan (Boots teacher/practitioner, Chelsea department of pharmacy).

Also successful was Ian Caldwell, a proprietor pharmacist from Scotland who served on Council between 1988-91 and was elected to the community pharmacy subcommittee last year. The June Council meeting will consider how to replace Mr Caldwell on that subcommittee.

Mr Caldwell's reaction was one of "sheer delight". His election platform was to keep pharmacy ownership in the hands of pharmacists. He told C&D: "I very much look forward to doing something to help keep the



New Councillor Hemant Patel had 1,036 first preference votes

profession in the profession's own hands and also to make sure that community pharmacists' interests get taken up."

Linda Stone, who had been a Council member since 1981 and president 1990-91, failed to be re-elected as did Noel Baumber, a community pharmacist who had served on Council in 1975-78 and since 1990.

The other unsuccessful candidates were Safeway's pharmacy superintendent Julian Ashley, Peter Curphey (locum), Pat Hoare (locum), Maurice Leaman (managing director, Mediphase Ltd), Allen Lloyd (chairman, Lloyds Chemists plc) and Tee Treacy (prison pharmacist).

Consistency is the key to progress

"Contrary to what some might say, the Society is recognised as a body which is effective in pressing pharmacy's case in every sphere of activity where that case has to be pressed," president David Coleman told the Royal Pharmaceutical Society's AGM.

Presenting the annual report to the AGM, Mr Coleman said that the keys to progress were continuity, consistency and persistence with a line of reasoning.

The single topic that had attracted the most attention in the early months of 1993 had been the proposed restructuring of remuneration in England and Wales, he said.

While the Society was not the body which negotiated remuneration, it did have an interest in ensuring that the public continued to have convenient access to a comprehensive pharmaceutical service of the highest quality.

"The Society has played a full part in bringing home to MPs and others the implications of the proposed radical restructuring of remuneration while emphasising support for the introduction of the professional allowance."

Mr Coleman had good news concerning the grouping of university subjects for funding. Under new arrangements subjects are grouped together in categories which influenced funding.

Initially pharmacy was classed as a "subject and profession allied to medicine" but following lobbying by the Council and the heads of schools of pharmacy, it had been reclassified as a "science academic subject". This "major advance" was vital to secure a higher level of funding for pharmacy, he told the meeting.

Mr Coleman expressed his appreciation to the Department of Health for initial funding to allow the Society to appoint an audit fellow for England. The editor and staff of "Martindale" were also praised for their work on the 30th edition.

"In line with our wish to raise the Society's profile in the pharmaceutical sciences, the Council is currently considering the future structure of the Department of Pharmaceutical Sciences and we expect to make an announcement in the relatively near future."

A major highlight of the year had been the visit to Society of the Queen and the Duke of Edinburgh.

• "In a difficult year, the Society made a surplus, albeit a very modest one," said treasurer Bill Darling presenting the financial statement.

Society should push PSNC on thresholds

A motion calling for the Society to request PSNC not to accept a minimum threshold figure of prescription items as a basis before the professional allowance is paid, was debated at the AGM.

Proposed by Ashwin Tanna and seconded by Hemant Patel, the motion was carried by a large majority.

Mr Tanna said it was time to accept that the Society was now directly involved in the remuneration process and that it had a vital role to play in the location of pharmacies. He asked the Council to influence PSNC to tell the DoH that a script number threshold was a no-go area.

"PSNC should never have suggested a minimum dispensing level before the professional allowance was paid," Mr Tanna continued. "If you put the emphasis on the number of prescriptions rather than the quality of service you make it very difficult to resist any future increase over this limit."

Seconding the motion, Mr Patel argued that until the relationship between the number of prescriptions dispensed and professional activity was established they should not be linked together.

In the following debate, Miall Jarrs pointed out that there was an enormous advisory function that should be carried out by pharmacists but which couldn't be done because they were tied to the dispensary bench.

• Renewed calls for a community



Ashwin Tanna speaks out against any prescription threshold

pharmacy group within the Society were also aired. Again the motion was carried.

Proposing the motion, Andrew

Burr said such a group could lead to the "cross fertilisation of the skills and knowledge base". There were many community pharmacists not contractors who also needed to come together.

"Let us deliver the future of community pharmacy and deliver what the membership wants — a community pharmacy group."

• Joel Hirst proposed that the Society to devote more funds to the Pharmaceutical Care report, particularly for research studies. The motion was passed



C&D's 28th pharmacy training seminar was held last Thursday in Harpenden. Co-sponsored by Marion Merrell Dow, the topic was "Giving up Smoking" (see pp957-59). Speakers included (left to right) community pharmacist Gill Hawksworth; Dr Richard South, a medical adviser to Merrell Dow; Dr Alan Norris, a consultant psychologist from the University of Birmingham, and Merrell Dow group product manager Andrew Tasker

European collaboration on OTCs

A Charter of Collaboration was signed by the Pharmaceutical Group of the European Community and the European Proprietary Medicines Manufacturer's Association (AESGP) supporting the responsible use of OTC medicines.

Part of this co-operation will involve the publication of a booklet entitled "Self-medication and the pharmacist". This will be launched at AESGP 29th Annual meeting in Amsterdam in June.

The Charter recognises the pharmacist as the key figure in the supply and delivery of medicines to the consumer. He is also seen as the partner of the manufacturers of OTC medicines as both share the "common goal of service of high quality for the patient and encouragement of the rational use of medicines".

Needle exchange reinstated

The cash crisis which threatened needle exchange in Gloucester has been resolved. The participating pharmacies have now been paid for this year and the previous year.

The pharmacies stopped supplying syringes for six weeks at the end of March after a dispute over payment (C&D April 3, p593). The Regional Health Authority gave all the money for the scheme to other areas because they felt the Gloucester scheme was the most developed and did not need any funding.

There are 22 pharmacies in the scheme but it is hoped to increase that number by 50 per cent.

Pharmacy numbers up

The total number of pharmacy premises registered with the Royal Pharmaceutical Society rose by 23 in April and now stands at 11,959.

The largest increase came in England where there were 23 additions and eight deletions. Of those adding to the Register four were hospital premises. In London there was an overall decrease in numbers with one addition and two deletions.

Hospital premises also boosted the numbers in Wales, accounting for four out of the six additions. There were no deletions. In Scotland, four pharmacies were added to the Register, one restored and two deleted.



Are multiples failing to apply PR pressure

My heavyweight petition has been sent safely back to the Pharmaceutical Services Negotiating Committee and, from the euphoria evident in the pharmaceutical Press, the whole exercise went down a treat with a highly receptive public. The response from my independent colleagues has been as enthusiastic as my own, but what of the multiples? Last week I conducted my own mini survey and went into two branches of Boots and one of Safeways to see what they were doing. In all three shops there was no sign of any petition or any indication that such a campaign was in existence.

I was not surprised, but bitterly disappointed, because the present high profile campaign is being organised by the PSNC and it represents all our interests. If some of the members it represents fail to take part in the campaign then its unity and therefore, its authority to represent all of its members, could be undermined.

Apparently, pharmacy has demonstrated yet again that its principle interest lies in its own commercial success, and

that it will not allow this position to be compromised by co-operating with a PSNC policy that runs contrary to its own avaricious ambitions.

The combined pressure of the independent sector may partially turn this particular battle, and a grudging compromise should be achieved, but by this one selfish action the Department could live to fight another day, confident that with every multiple acquisition of an independent, our professional unit will be further weakened.

Retail monopoly may be the commercial ambition for multiple pharmacy, but without an effective independent sector the Department will be left with no real opposition and then it really will be able to achieve the low-cost dispensing service it so obviously desires.

Anurex takes wrong sales route

An interesting product for the relief of painful and burning haemorrhoids was launched last week by Medical Edge of Harrow (C&D, May 15, p894). Anurex, a re-usable cryo surgical device which achieves its effect by cooling the inflamed area, sounds the type of innovative product that I would recommend with enthusiasm.

However, Anurex is a medical product for a specific, occasionally dangerous, but definitely embarrassing condition, where the anonymity of mail order can usefully be exploited. If this were a drug it would have to be properly licensed and its sale regulated but surgical items require no such authority. The rightful place for Anurex to be sold is through pharmacies. I would like the opportunity to properly assess its qualities and advise my patients accordingly but, despite it being available through wholesalers, I do not anticipate that I will be seeing any representative approaching me with details of clinical trials, display material or

promotional campaigns since the principle sales drive will be through mail order.

This is an unsatisfactory, frustrating and potentially dangerous situation which would have been partially relieved if Medical Edge had sold solely through pharmacies, but the choice should have not been the company's to make. Surgical appliances making medical claims should be licensed in a similar way to medicines and, in order to protect the patient, their distribution and properly control promotion.

Quinoderm PR message hits home...but

I received a timely reminder from Quinoderm through the post, that many drugs acting on the skin are soon to be blacklisted. They anticipate that products for acne will be at the forefront in these considerations.

The essence of the letter was to remind me of the implications of Government policy and Quinoderm's potential for over-the-counter sales, but more specifically the company pointed out that its pricing structure allowed the customer a cheaper product, while still allowing me a 33.3 per cent profit on return.

I have always recommended Quinoderm as an effective and price-competitive product, which also enhances the goodwill element of my business, and have successfully sold it for many years. It was nice to be reminded that my base line gross profit is also higher with Quinoderm, but overall profit after taking price and bonuses into account is still probably higher with those heavily advertised "five day miracles".

The opportunity for extra sales is there, and I will continue to recommend Quinoderm, but I would like to see that recommendation further encouraged, as blacklist day approaches, by a follow up letter detailing their proposed promotional bonus incentive — a further carrot to reward me for my continuing loyalty.

Topical REFLECTIONS

Medical matters

Nicotine patches success

Nicotine patches almost double the success rate for smokers quitting, when used as an adjunct to advice and support, conclude two studies in the latest *British Medical Journal*.

Both studies were double blind; one using the 24-hour patch (Nicotinel) involved 1,686 smokers and the second using the 16-hour patch (Nicorette) studied 600 smokers.

In the larger study, carried out by the Imperial Cancer Research Fund General Practice Research Group, 19.4 per cent of the nicotine patch group had stopped smoking at the end of the three month course, compared with 11.7 per cent of the placebo group. Significantly over half the patients stopped using the 24-hour patch before the end of the study.

The second study, with a follow-up period of a year, also had a success rate for the active patch group (9.3 per cent) that was almost twice that of the placebo group (5 per cent).

The two most common side-effects — sleep disturbance and skin reactions — occurred three times more frequently in the 24-hour nicotine group than in the placebo. Although no sleep disturbances were reported in the 16-hour patch group, equivalent skin reactions were seen.

On a less positive note a *BMJ* editorial suggests that the value of the nicotine patch has "yet to be proved when it is bought over the counter and used without any professional advice and support".

Hayfever season starts early

The hayfever season appears to have started early this year with the Royal College of General Practitioners reporting a dramatic increase in the number of sufferers presenting to their GP. The numbers reached 105 per 100,000 in the week ending May 9, which is over five times the rate of four weeks ago.

It has been suggested that the warm Spring weather has led to the high levels of pollens. Experts predict that June may be worse when grass pollen starts to disperse.

New research has linked the recent upsurge in hayfever with the rising levels of pollution in

the environment — possibly car exhaust fumes or cigarettes. It is thought that pollution may coat the pollen grains making them more allergenic or it may make the lining of the nose more sensitive or less resistant to airborne allergens.

Professor Davies of the British Allergy Foundation stated that patients need not suffer, particularly if preventative medicine is started early.

- The National Hayfever Week begins on Monday, May 24. The campaign, sponsored by Fisons Pharmaceuticals, will publicise the growing incidence of hayfever — a fourfold increase over the last 30 years — causative factors, treatments and highlight the local pharmacist as a source of help for estimated nine million people who suffer from hayfever.

GP care in breast pain

Many women with breast pain can be managed in general practice, according to Professor Robert Mansel, head of the Department of Surgery at University of Wales College of Medicine.

More women are consulting their GPs about breast disorders and being referred to consultants. Although most women consult GPs out of a fear of cancer, nine out of ten women are suffering from a benign condition and women under 25 virtually never have cancer.

He encouraged GPs to become more familiar with breast conditions so they could feel confident diagnosing benign conditions — differentiating between a lump and lumpiness, aspirating cysts, reassuring women, and referring when necessary.

A paper by Professor Mansel, offering GPs clear guidelines on the management of women presenting with breast disease, will be published shortly.

Enalapril slows kidney disease

Enalapril has been shown to delay the progression of kidney disease, a common complication in patients with diabetes and high blood pressure, in a three-year, multi-centre, double-blind study involving 121 patients with diabetes and hypertension.

In patients receiving enalapril, renal disease progressed more slowly than in those receiving other antihypertensive therapy. Specifically the chronic rate of loss in glomerular filtration was less in those patients taking enalapril.

By slowing the progression of kidney disease and eventually kidney failure the researchers explained that doctors may be able to delay the need for kidney dialysis which is an expensive and lengthy process.

Computer games and epilepsy

A survey to establish the number of photosensitive epileptics who have their first fit triggered by computer games is being carried out by the National Society for Epilepsy (NSE).

Around 1,200 patients are expected to be recruited to the study which is receiving £19,000 in funding from the Department of Trade and Industry (DTI). There will be two three-month study periods — Summer and after Christmas — to account for seasonal variation and the children who receive computer games as presents.

The study will estimate specific risk factors such as time of day, tiredness, duration of play, distance from screen, type of screen and previous exposure to computer games. The research project will also examine the effects of other photostimuli such as conventional TV, flashing lights and light patterns.

Cot death advice tape

A free audio cassette version of the leaflet "Reduce the Risk of Cot death" has been produced for blind and visually-impaired parents. Copies from **The Foundation for the Study of Infant Deaths, 35 Belgrave Square, London SW1X 8QB. Tel: 071-235 0965.**

Prescription Specialities

Ditropan Elixir

Smith and Nephew have extended their Ditropan range with an elixir containing oxybutynin hydrochloride (2.5mg/5ml). The colourless liquid has no added flavouring and is available in 150ml bottles (£4.90). The usual dose is 10ml two or three times daily. **Smith & Nephew Pharmaceuticals. Tel: 0708 349333.**

Co-danthramer suspension

Napp Laboratories say they have improved the formulation of co-danthramer suspension by reducing its viscosity to aid pouring. **Napp Laboratories. Tel: 0223 424444.**

PSNC news

PSNC says the Department of Health has decided that there are shortages of labetalol tablets BP 200mg and thioridazine tablets 25mg. For May payment will be based on endorsement of the brand/supplier. This arrangement will be reviewed monthly.

Peptamen flavour

Clintec Nutrition have launched Peptamen flavour sachets for use with Vanilla Peptamen — one sachet per 250ml can. The range of flavours in the variety pack (24, £7.50) are: citrus; chocolate; strawberry; vanilla and cappuccino. The sachets have been ACBS approved for use in the community. **Clintec Nutrition Ltd. Tel: 0753 550800.**

Lagap additions

Lagap Pharmaceuticals have introduced three new products. They are: aqueous cream 500g (£1.45); emulsifying ointment 500g (£1.50), and white soft paraffin 500g (£1.65). **Lagap Pharmaceuticals. Tel: 0420 478301**

Pack change

Lilly have changed the pack size of sodium amylal injection 500mg from 25 to ten. The price remains at £12.50 per vial. **Lilly Industries Ltd. Tel: 0256 473241.**

Ovestin 1mg

Ovestin tablets 0.25mg (100) are being discontinued. However Organon Laboratories are introducing a new presentation of Ovestin tablets 1mg (30 £4.00) which should be in stock from the end of June. **Organon Laboratories Ltd. Tel: 0223 423445.**

USA factor VIII

Bayer's USA subsidiary, Miles Inc, have launched a genetically engineered factor VIII preparation, Kogenate, for the treatment of haemophilia A. UK availability is expected towards the end of 1994.

As a new school term begins...

THE HEADLICE PRODUCT FOR PEOPLE WHO DON'T WANT HEADLICE

Just think about it. Across the country there are thousands and thousands of families who don't have headlice. And now that you stock New Rappell, the unique headlouse repellent, they are all potential customers. Because the new school term signals the start of another headlice season and there's no better way for your customers to protect their family.



AND FOR
PEOPLE WHO
HAVE
HEADLICE

New Rappell can also be recommended for use following a headlice clearing treatment – thus doubling your profit opportunity.

RAPPELL

Rappell is a registered trademark.

01-93-3



A SPRAY A DAY KEEPS HEADLICE AWAY

Counterpoints

Timotei invigorating addition

Timotei Minerals shampoo is the latest addition to the brand for Summer.

Timotei Minerals, already popular in France and Germany, is designed to revitalise the scalp, improve hair shine and manageability. A clear blue shampoo, it contains selected minerals. It retails at £1.49 (200ml) and £2.59 (400ml). Elida Gibbs anticipate the variant will also be popular with men.

To support the launch 50ml trial size bottles will be available, packed in multiples of 18 units in a display unit.

A television campaign for Timotei Minerals breaks in August. Elida Gibbs. Tel: 071-486 1200.



Look to the stars

Astrology is the theme of a new range of fragrances called You, with a variant for each sign of the zodiac.

Manufacturers Plenty of Scents consulted astrologers on the development of fragrances designed to appeal to

consumers of each star sign.

Packed in oval frosted bottles, the You fragrances retail at £2.99 each (15ml). A merchandiser, holding 72 bottles, is available.

Plenty of Scents. Tel: 0905 57477.

Resort for bodycare

Escada Resort is a new bodycare collection from Margaretha Ley.

A range of six products, the formulations include herbal and natural extracts. Resort includes: Energising Body Cleanser (200ml £17.50); Refining Body Polisher (200ml £19.50); Revitalising Body Soak (300g £19.50); Nourishing Body Treatment (200ml £19.50); Protective Hand Treatment (100ml £15); Enriching Self-Tanner (150ml £14.50). Kenneth Green. Tel: 0372 469222.

Soft & Gentle offer

A special offer has been devised to support Soft & Gentle. The promotion gives consumers the chance to win a "Color Me Beautiful" consultation for themselves and a friend on purchase of any Soft & Gentle variant.

Benefits to pharmacists include £25 cash for winning entries, two t-shirts and make-up bags. Colgate-Palmolive. Tel: 0483 302222.

A host of additions for Montagne Jeunesse

Summer activity for Montagne Jeunesse takes the form of 18 new products.

There are ten new bath products in 300ml bottles: Wild Rose foam bath (£1.99), Evening Primrose oil bath cream (£2.99), White Musk foaming bath essence (£2.49), Seaweed & Mineral foaming bath oil (£3.49), Simply Moisturising bath (no fragrance or oil) (£1.99), Orange Spice Pulp foam bath (£1.99), Peaches & Cream moisturising bath (£2.49), Strawberries & Cream bath cream (£2.99), Royal Jelly bath cream (£2.99).

New tubes have been introduced in 175ml and

75ml sizes for body, shower and hand care products. New in 175ml tubes are: Seaweed & Mineral Exfoliating shower gel (£1.99), Milk & Oatmeal Exfoliating shower gel (£1.99), Vitamin body moisturiser (£1.99), White Musk body cream (£1.99), Peach Body Souffle (£1.99).

New in the 75ml tubes are: Royal Jelly hand cream (£1.49), Vitamin E hand and nail cream (£1.49), Evening Primrose Oil hand cream (£1.49).

Point of sale material is available to support the new products in store.

Laughton & Sons (distrbs). Tel: 021-436 6633.

Almay takes on complexion problems

Almay are developing their face make-up sector with the launch of complexion corrector products.

Colour Performance Complexion Corrector loose powder (£5.95) comes in two shades: Warm Tones, an apricot shade, to enliven dull,

sallow skin; Cool Tones, a green powder which softens high colour.

Colour Performance Cover-Up cream (£5.25) disguises blemishes and minimises dark shadows. It comes in a choice of three shades. Sara Lee. Tel: 0753 523971.

Massage stress away

In response to the popularity of massage as a treatment for stress relief, Matoba are launching the Tsubo range of devices onto the UK market.

The products include

multi-purpose massager (£125), shoulder and neck massager (£129), tapping massager (£162). Contact Richard Jacob at Colebrand Healthcare. Tel: 071-439 9191.



California is the new blonde shade in L'Oréal's Recital range. A mid-blonde "barley wheat" shade, it falls between existing blonde shades Oslo and Rimini. The launch will be supported by Press advertising in June and July. Point of sale material will be available. L'Oréal. Tel: 071-937 5454



Timotei Rich Replenishing Conditioner with Almond Milk is an intensive conditioner to replenish dry, damaged hair. It retails at £2.49 for a 150ml pot. The product will be promoted by sampling in women's magazines during October and November. Elida Gibbs. Tel: 071-486 1200

Fruity additions to Slim-Fast

The Slim-Fast range is being extended with the launch of Fruit Juice drinks.

Available in a choice of three flavours, Rich Black Cherry, Caribbean Orange and Creamy Peach, the fruit juices are ready-to-drink in 300ml cartons (£1.29 each). Each variant contains 200 calories and 25 vitamins and minerals.

Sun Nutritional recommend the juices are kept in a chiller cabinet, although the product has a shelf life of six months. Available from June, the launch of Slim-Fast Fruit Juices will be supported by price promotions. **Sun Nutritional. Tel: 0753 583737.**

AAH's baby bonanza

Vantage members are being offered a special deal on the own brand baby care lines until June 30.

Members ordering five outers will qualify for a 15 per cent discount, while eight outers gives a 17.5 per cent discount.

Orders worth more than £100 will receive a 17.5 per cent discount plus a five litre sterilising unit worth £8.99 free.

Lines featured in the offer include the Vantage Polycarb feeding bottle, the designer feeding bottle, the baby bottle cleaning brush and soothers in blue, pink and buttermilk.

Also included are Vantage twin pack silicone teats, orthodontic twin packs, the five litre sterilising unit, double strength sterilising fluid and 56 sterilising tablet pack. **AAH**

Pharmaceuticals Ltd. Tel: 0928 717070.

More Ulti-Mam shades

Mam have injected new life into their Ulti-Mam range of soothers.

There are three new shades: red, dark blue and forest green. New designs include girl, boy and cat illustrations. **Mam Ltd. Tel: 021-459 4304.**



Bulk-buy vitamins

Unichem are running their multi-buy promotions in June, concentrating on their own brand vitamins range.

Unichem pharmacy customers buying any case of own brand vitamins will receive a 33.3 per cent discount off normal trade prices.

Free shelf strips will also be available.

The consumer offer will be advertised in the *Daily Express* in the first week of June and will offer consumers buying two packs of the same type of Unichem vitamins, a third one free. **Unichem. Tel: 081-391 2323.**



Macleans Active Mouthguard variants, original and mint, have been renamed Cool Mint and Fresh Mint respectively. To support the relaunch, display trays containing 18 trial size (75ml) Mouthguards (£0.49 each) are available. **Smithkline Beecham. Tel: 081-560 5151**

Updated torches

Duracell are offering retailers three prepacks of their updated torch range.

Pack one comprises three each of Penlight, mini rubber torch, colour pocket torch and new junior torches. Pack two contains three of Tough torch and mini rubber

torch, one each of Universal torch and Professional torch.

Pack three comprises six each of the three types of junior torch, including the new designs Froggy the Frog and Pengy the Penguin. **Duracell UK. Tel: 0293 517527.**

Pump action Odaban from Bracey's

The specialist antiperspirant product Odaban from Bracey's Pharmaceutical is now available in a pump spray.

Using a special Titanium spring, the pump spray delivers a low dose of Odaban to the skin from a sealed container.

Odaban can be used to alleviate obesity rashes, facial sweating and wet palms as well as guarding against foot odours and relieving athlete's foot.

It is also sold with a money-back guarantee. **Bracey's Pharmaceutical. Tel: 051-428 1601.**



Garlic Tablets are the latest addition to the AAH own label range of supplements. The odourless 300mg tablets come in packs of 100 and retail at £3.49. Initially they will be available at the special price of £2.89. They are sold in outers of six. **AAH Pharmaceuticals. Tel: 0928 717070**

On TV Next Week

GTV Grampian	C4 Channel 4	STV Scotland (central)
B Border	U Ulster	Y Yorkshire
BSkyB British Sky	G Granada	HTV Wales & West
Broadcasting	A Anglia	M Meridian
C Central	CAR Carlton	TT Tyne Tees
CTV Channel Islands	GMTV Breakfast	W Westcountry
LWT London Weekend	Television	

Ambre Solaire:	All areas except CTV
Anadin Extra:	All areas
Andrews Antacid:	All areas except U, CTV
Askit capsules and powder:	STV, G
Cussons Imperial Leather soap:	All areas except LWT, GMTV
Farley's babyfoods:	All areas
Hofels garlic pearles:	G, TT, Y
Lil-lets:	C, A, LWT, CAR, BskyB
Mum:	All areas except U, CTV, W, TT
Nicotinell patch:	All areas
Nivea Visage:	All areas except CTV
Oxy:	All areas
Pears Pure Body Care:	All areas except U, CTV, LWT
Rennie:	C4, BskyB
Scholl:	C, G, A, STV, Y, TT
Shock Waves:	CAR, C4
Soft & Gentle:	All areas except U, HTV, CTV, W, CAR
Solpadeine:	All areas except U
Synergie Bio-Contour eye gel:	All areas except CTV, GMTV
Widsom Reflex:	GMTV, C4
Wrigley's Extra and Orbit:	All areas

The world's biggest ever toothpaste launch



Black Radiance adds to colour choice

A new range of cosmetics for black and dark skins is available, as Black Radiance is launched onto the UK market.

The leading self-selection brand for black and dark skins in the US, Black Radiance is being distributed in the UK by Waterson Ltd.

The range comprises 88 products, including cream and liquid foundations, pressed and loose powders, colours for eyes, lips and nails. The formulations are non-oily and prices start at £2.99.

To support the launch, Waterson are offering retailers a free merchandising stand with all full stock orders. New stockists will have the chance of being mentioned in Press advertising. **Waterson Ltd. Tel: 04353 3704.**



Hand cream joins Bronnley portfolio

A hand cream has been added to Bronnley's popular Almond Oil range.

Containing pro-vitamin B5, the hand cream will protect hands and keep them soft, say Bronnley.

Presented in a 75ml tube (£2.75) it is available in Daffodil, Pink Bouquet, White Iris, English Fern and Camellia fragrances in outers of six. **Bronnley. Tel: 0280 702291.**



Try Wella products free!

Wella are giving consumers the chance to try a free Wella intensive conditioning product on purchase of Wella Balsam shampoo, Wash & Care 3 in 1 shampoo or standard Wella conditioner.

A 30ml trial size intensive conditioner will be banded to Wella Balsam shampoos and conditioners.

A full size sample of Massaging hot oil treatment will be banded to Wash & Care packs.

The promotions will run for three months. **Wella GB. Tel: 0256 20202.**

Easy solution for stains

Easy Go is a new stain remover from Beckmann, which will remove stains from fabrics without the need for washing.

A few drops of the product are poured onto the stain and worked in with the fingertips. After 10-15 minutes the area is rinsed in warm water.

Retailing at £1.99 (150ml), it will remove stains including grease, oil, coffee, butter and chocolate, say **Dendron. Tel: 0923 229251.**

Shock tactics

Wella's £3 million campaign for their relaunched Shockwaves range breaks this week with television advertising, running until November.

The advert has a strong unisex theme and targets

the youth market.

The campaign will be backed by cinema advertising from June, Press advertising in youth magazines and radio support. **Wella GB. Tel: 0256 20202.**

Extra Palmolive

Colgate-Palmolive are offering 50ml extra free on their 200ml Palmolive shave foams. All variants are included.

Colgate-Palmolive. Tel: 0483 302222.

Family Health

Glycerin, lemon and honey linctus (200ml) is the latest addition to AAH's Family Health range. It is sold in outers of 12 at £6.96. **AAH Pharmaceuticals. Tel: 0928 717070.**

More curls

Kenwood have introduced the Combi 2 steam curling brush. It has two interchangeable brush attachments. Aimed at the 15-24 age group, it retails at £14.99. **Kenwood. Tel: 0705 476000.**

Quality award

Macdonald & Taylor have been awarded BS5750 Part II for their Simply Gentle cotton wool and wipes range. **Macdonald & Taylor. Tel: 061-627 3848.**

Fuji Zoom down

Fuji have reduced the price of their DL-190 Zoom camera by £20. The compact will now retail at a suggested selling price of £89.99. The company have also renewed their sponsorship of rallycross driver Rob Coates. **Fuji. Tel: 071-586 5900.**

Polaroid push

Polaroid are running stage two of their advertising campaign for the Polaroid Vision camera from early June. A 20 second TV ad will run nationally on Channel 4 and regionally in

the Meridian and London areas. **Polaroid. Tel: 0727 859191.**

Bisodol boost

Bisodol gets a boost with a poster campaign over the next four weeks. The poster carries the message "Say hello to Summer. Say good 'Bisodol' to indigestion."

Whitehall Labs. Tel: 071-636 8080.

Cool Couture

Cool additions for legs come from Couture Designer Hosiery. They are Cotton Control Top tights (three sizes £6.50), with a cotton body and 15 denier legs. Seven shades are available. Lace top stockings are ten denier and come in four shades (£4.99, two sizes). **Couture Designer Hosiery. Tel: 0788 823169.**

Witch Doctor

Witch Doctor is being supported with a £220,000 Press campaign in women's and general interest magazines until mid-July. **EC De Witt. Tel: 0928 579029.**

Plug Ins

Glade Plug Ins have been repackaged for greater impact. The new pack designs are part of a European strategy to create a single brand identity. The relaunch will be supported by television advertising. **SC Johnson. Tel: 0276 63456.**

End of 2000

Boots have discontinued their 2000 skincare and cosmetics range due to high operating costs. **Boots. Tel: 0602 498335.**



The Portia Bodysports range for pharmacy is now available in a counter display pack. The unit holds the retailer's choice of 30 products plus PoS material including leaflets and stickers. Products in the range include Muscle Warm-up cream (250g), Massage cream (250g), Sports Wash (500ml) and Cool Ice (225g). **Bray Health & Leisure. Tel: 0367 240736**

Prepare to see your profits go sky high



COLGATE TOTAL toothpaste protects teeth and gums BETWEEN BRUSHINGS.

Its breakthrough TRICLOGUARD, a combination of Tricolsan and Copolymer Gantrez, is clinically proven to give effective protection against plaque, tartar and cavities - even 12 hours AFTER brushing.

Market research has demonstrated consumers' willingness to pay a premium price for TOTAL protection, so not only do Colgate believe it offers your customers the highest standard in oral care, but it gives you an increased profit opportunity.

And with a £3 million TV advertising campaign behind TOTAL, you need only stock it and watch your profits rocket!

For further information call Michael Bealing, chemist development manager Colgate-Palmolive on 0483 464649



Just Desserts for Richards & Appleby

Just Desserts is the new look range of bath and body care products from Richards & Appleby, featuring relaunched packaging and new formulations.

Based on natural fruit essences, the range now includes: Melon & Guava Cocktail and Raspberry Ripple creamy bath foam; Strawberry Surprise and Passion Fruit & Cassis moisturising foam bath; Tangerine & Papaya Sorbet refreshing shower gel; Pineapple Crush moisturising shower creme; Peach Melba creamy body lotion; Kiwi Fruit & Lime Sundae frequent wash shampoo. All bottles are £1.99 (250ml). A mini gift collection, comprising five 50ml miniatures, retails at £4.99. **Richards & Appleby. Tel: 0695 20111.**



Cotton offers

AAH Pharmaceuticals' Vantage members can claim discounts on own brand cotton wool products in an offer which lasts until June 30.

Members ordering five or more outers qualify for 15 per cent discount, rising to 17.5 per cent on an order of eight or more.

Orders of ten or more outers receive the 17.5 per cent discount as well as a supply of Vantage holiday checklists to hand out to their customers, a window poster and a free cotton beach towel. **AAH Pharmaceuticals Ltd. Tel: 0928 717070.**

Braun cashback offer

Braun Shavers are running a national promotion on their new rechargeable shavers.

Targeted at the key gift-buying period in the run up to Father's Day on June 21, when the offer closes, consumers will be offered £15 cashback on the top of the range Flex Control Family and £10 cashback on the Braun Rechargeable shavers costing over £45.

To claim their redemption, the consumer must send proof of purchase, via a handling house, by July 2.

An option to return any old shavers freeport for safe disposal/recycling will

be offered with the cashback cheque.

The promotion will be supported by a £100,000 ad spend in key national newspapers as well as point-of-sale material including leaflets and showcards. **Braun (UK) Ltd. Tel: 0932 785611.**

A sporting challenge for Lynx

Lynx is launching a sporting competition designed to raise awareness of Lynx nationally and introduce the shower gel to a wider audience.

All entrants will be given Lynx shower gel samples to give to each member of their sports club or team, with a total of 800,000 samples available.

The competition, to be launched in the *Daily Mirror* throughout this Summer, will find and reward Britain's keenest amateur sportsmen.

First prize is a major sports holiday, taking in a top world wide sporting event, which the winner can choose from a list on international events. Ten runners-up will receive cash prizes to spend on their chosen sport. **Elida Gibbs Ltd. Tel: 071-486 1200.**

Alternative report

A new report on alternative medicines, published by the Mintel group, details the consumer market and attitudes towards herbal, homeopathic and aromatherapy products.

Consumer attitudes were surveyed for the report and some 35 per cent of people said they would consider using an alternative medicine if they knew more about it and how it worked. Only six per cent of people would always use an alternative medicine rather than a traditional remedy, but 11 per cent of those surveyed said that they would never use an alternative medicine as they did not consider that it would work.

There appears to be a greater acceptance of alternative medicines in younger age groups (15-44 years). However the survey also highlights the need for more consumer information since many people say they would be willing to try alternative medicines if they had more information about them.

Back pain and coughs and colds were the conditions most people would be prepared to use alternative treatment for. Osteopathy and manipulative disciplines are the treatments used in back pain for which orthodox medicine offers little advice except rest and surgery. Mintel suggest that the wide range of conditions people would

treat with alternative methods — from skin problems to stress and even terminal cancer — indicates a high level of dissatisfaction with orthodox medicines. Reasons suggested for this public disillusion include, associated side effects, cost of NHS prescriptions and long waiting lists within the NHS.

Sales of alternative medicines over the counter have been steadily growing since the mid 1980s. Herbal remedies take the largest portion of the sales (£30 million in 1992) with homeopathic only accounting for half of that figure. Essential oils have shown a 30 per cent increase on the 1991 sales.

The future for alternative medicine appears to be healthy. Mintel say orthodox medicine is becoming more positive in its attitude towards the complementary sector. It is believed that with more GPs becoming responsible for their own budgets, they may be in favour of cheaper natural remedies. There is increasing consumer interest in the range of products and every indication that the growth of the market will continue for the foreseeable future.

"Alternative Medicines" — the new Mintel Market report is available for £295 or as part of an annual subscription (**tel: 071-606 6000**).

Cannon make storing breast milk simpler

Cannon Babysafe have introduced breast milk storage bottles for easier storage of expressed milk.

The 4oz bottles are first sterilised, then fitted onto either the Avent single-handed breast pump or the battery breast pump. The cap is then screwed on with the sealing disc in place and the bottle put into the

fridge or freezer.

Until the end of the year there will be a special offer voucher with the single-handed and battery breast pumps, offering a free box of disposable breast pads. These can be claimed on completing the voucher and enclosing the lid from the storage bottles box. **Cannon Babysafe. Tel: 0787 280191.**



Beat the Clock is a new booklet produced by the makers of Farley's, giving time saving hints to new mothers. It includes information on time management, planning and feeding routines. Copies are available by writing to Farley's Beat the Clock booklet, PO Box 12, West PDO, Leen Gate, Nottingham NG7 2GB. Crookes Healthcare. Tel: 0602 507431



The Corsodyl spokesman

Corsodyl Mouthwash has the unequivocal recommendation of dentists.*

They know there's no better way for their patients to take care of gingivitis, or for that matter, conditions as diverse as aphthous ulcer, oral candidiasis and denture stomatitis.

They know that **Corsodyl's** active ingredient, 0.2%[†] chlorhexidine, sets it apart.

They know also that for all **Corsodyl's** clinical heritage its range is adapted for patient-friendliness, with a new spray as the latest innovation.

Corsodyl has recently been acquired by SmithKline Beecham Consumer Brands. Speak to your SmithKline Beecham representative or telephone free of charge 0800-833000 for any further information or requirements.

CORSODYL

chlorhexidine gluconate

No Gingivitis. No Contest. No wonder dentists recommend it.

PRODUCT INFORMATION Consult Data Sheet before prescribing. **USE** Inhibition of plaque; treatment and prevention of gingivitis; maintenance of oral hygiene. Mouthwash and Mint Mouthwash are also indicated for the promotion of gingival healing following surgery and the management of aphthous ulceration and oral candidiasis. **PRESENTATION** Spray and Mint Mouthwash: A clear colourless solution containing 0.2% w/v chlorhexidine gluconate. Mouthwash: A clear pink solution containing 0.2% w/v chlorhexidine gluconate. Dental Gel: A clear colourless gel containing 1% w/v chlorhexidine gluconate. **DOSAGE AND ADMINISTRATION** Spray: Apply to tooth and gingival surfaces using up to twelve actuations of the spray twice daily. Mouthwash and Mint Mouthwash: Rinse mouth with 10ml undiluted for one minute twice daily. Prior to dental surgery, rinse mouth with 10ml for one minute. Dental Gel: Brush the teeth with one inch of gel for 1 minute, once or twice daily. **CONTRAINDICATIONS** Previous hypersensitivity reaction to chlorhexidine. Such reactions are, however, extremely rare. **PRECAUTIONS** For oral use only, keep out of eyes and ears. **SIDE EFFECTS** Occasional irritative skin reactions. Generalised allergic reactions to chlorhexidine have also been reported but are extremely rare. Superficial discolouration of the tongue, teeth and tooth-coloured restorations may occur. This usually disappears after discontinuation of treatment. Staining can largely be prevented by cleaning teeth or dentures before use but may sometimes require scaling and polishing for complete removal. Stained anterior tooth-coloured restorations which are not adequately cleaned by professional prophylaxis may require replacement. Transient taste disturbances, burning sensation of the tongue and oral desquamation. Very occasional parotid swelling. **PRODUCT LICENCE NUMBER AND BASIC NHS COST** 'Corsodyl' Spray (0029/0230) 60 ml (OP) £2.80 'Corsodyl' Mouthwash (0029/0124) 300 ml (OP) £1.25 'Corsodyl' Mint Mouthwash (0029/0201) 300 ml (OP) £1.25 'Corsodyl' Gel (0029/0080) 50g (OP) £0.83 'Corsodyl' is a trademark. **Legal Category P** Date of last revision March 1993. *Source: Milpro Independent Research, 1992. [†]Corsodyl Dental Gel contains 1% w/v chlorhexidine gluconate.



SB SmithKline Beecham
Consumer Brands

SmithKline Beecham Consumer Brands, Brentford, TW8 9BD, UK. Tel: 081 560 5151

• a leading authority on oral hygiene.

Advantage Vantage

AAH managing director David Taylor spoke of their increasing commitment to providing OTC lines competitively to help members meet the challenges of pharmacy and retailing. In question time it emerged that AAH's extension of the Super Vantage programme was designed to enable his own company to combat the Allen Lloyd wholesaling arm, Barclay, as well as its retailing division, which had been expanding to remove customers from the independent pharmacy pool.

Independent pharmacy still had 40 per cent of the GSL and P market compared with appropriate sales made through grocery/supermarkets and multiple pharmacies. "P line sales are close to a £400 million market," Mr Taylor said.

"Yet we know Superdrug are experimenting with in-store pharmacies, and the number of in-store pharmacies in supermarkets are being increased. Other outlets such as convenience stores and garages are stocking health and beauty products — independent pharmacy must ensure it does not lose this market."

The AAH commitment to improving the OTC service involves a move away from separate OTC warehouse to large, comprehensive units: a warehouse commissioned last month at Polmadie, Glasgow, will integrate ethical and OTC based on the Warrington model



AAH took the opportunity at the convention to confront issues facing community pharmacy. Delegates heard the rationale behind some of the Vantage developments designed to help them face "changing times", as well hearing the father of the present NHS shake up, Sir Roy Griffiths, encourage diversification at their own expense for its own rewards. Mrs B. Hind gave a specific example, describing the aids to living section of her Frinton pharmacy

opened last year. While these units split OTCs for daily delivery, Mr Taylor said it was a high-cost service.

"We operate a low-cost outer service from our Preston warehouse under AAH

Promotions to allow you, the customer, to decide on price and availability to maximise profit...". He said the service is to expand (see below).

Mr Taylor spelt out the implications for pharmacists

and wholesalers if the Government cut either wholesale prices or margins in its revision of the Pharmaceutical Price Regulation Scheme. A 1 per cent price reduction would result in a loss of gross profit of £1.25m from AAH, and in turn leave £450,000 less for settlement discount. "To recover the margin from our pharmacist customer would require an increase of £150 on the discount threshold.

"If this was an overall reduction, as opposed to a price reduction on every product, would we see a re-alignment of prices where those in competition with parallel imports are reduced by a far greater value than slow-moving lines?"

Alternatively, a reduction in wholesale margin would be reflected in discounts and clawback. The net effect would be an increase in drug cost to the Government, he says.

Mr Taylor pondered the impact on wholesalers if the latest NHS pay negotiation led to a reduction in pharmacy numbers. While the wholesale market was unlikely to fall, there would be a fight for a smaller number of customers.

With turnover concentrated in an ever smaller numbers of lines creaming off by short-liners was an increasing problem, Mr Taylor said, and it could not go on unchecked. "The mix of business must include the fast-movers otherwise the twice-daily delivery service will break down, the full stock inventory of 7,000 ethical lines will be reduced, and the ultimate price of our service will increase."

Super Vantage case prices available for all

AAH have moved the Super Vantage warehouse to a larger site in Preston, increasing the number of lines on offer so far from 600 to 800. The service will be extended to all Vantage members during the next few months to compete head on with Barclays.

The once-a-week delivery of complete case outers will offer prices as "good as you can find anywhere in the country", says AAH marketing manager David Watkinson.

He sees image and customer loyalty as the most important elements of any business. And own label merchandise as the way to bring people into your business for "your" brands and to add extra profit per line sold.

MPM updated

The July edition of the AAH monthly promotions magazine, MPM, is to be updated to highlight price offers, with the opening spread concentrating on the fastest selling individual products from "best buy" ranges.

These price promoted lines will be backed with holders for show material which, used with theme POS, will enable pharmacists to put together professional in-store and window displays.



Vantage products will also be backed with £750,000 of colour Press advertising using personality endorsement, in *Bella*, *Chat*, *People's Friend*, and *She* among others.

Some 200,000 mums are to receive a child health record card and an offer "cheque book".

AAH is planning training packages with suppliers, as well

as offering members discounts on National Pharmaceutical Association courses in business training for pharmacists, and for dispensing technicians and pharmacy assistants.

Mr Watkinson cited as "absolutely mandatory" reading training articles in the pharmaceutical Press, especially those in *Chemist & Druggist* and the *PJ*.

With new packaging, the brand leader should stick out even further.



Otrivine already commands around 60% of (just in time for the Hay Fever season.) And the nasal sprays and drops market. Its new merchandising the brand in a self-selection impactful pack design encourages further growth. Available only at pharmacies, the new look aids consumer recognition position will maximise sales. Otrivine continues to support the trade by ensuring it gets up even more people's noses.



FOR FURTHER INFORMATION ON OTRIVINE, PLEASE TELEPHONE ZYMA HEALTHCARE ON 0306 742800 AND ASK FOR SALES SERVICES. 'OTRIVINE' IS A REGISTERED TRADEMARK



Managing change is managing to survive

Marketing director Alan Turner finds "very sad" the air of despair prevalent in some quarters of pharmacy stemming



Alan Turner

from pressures on NHS profit and the changing role.

"Pharmacy has a future. We should develop positive ways and means of protecting independent pharmacy in the community and not be despondent... It is a question of finding the strategy that suits your business best to enable you to cope with changing times," he says.

Mr Turner picked on a Sir John Harvey-Jones quote to highlight pharmacy's position: "Without question the most

desirable management skill for the '90s will be the ability to manage change."

He turned to what he saw as a push by the Department of Health to get pharmacists, as members of the primary healthcare team, to become involved in the wider aspects of national healthcare and to play an active part in patient counselling and patient education.

Every pharmacy should become the health shop of the local village or community with well merchandised ranges of OTC, aids for the disabled, diagnostic testing and the like.

The independent pharmacy was the lifeblood of AAH in a market still dominated by independents with 72 per cent of pharmacies, he said.

Pharmacy split

- Over 50 pharmacies 21.3 %
- Between 21 and 50 2.5 %
- Between 6 and 20 4.2 %
- Between 0 and 5 72 %

Mr Turner said the elderly were more likely to use independent pharmacies rather than High Street outlets (see slides 1 and 2), also that some

people saw such pharmacies as a place to shop only when it was essential, rather than going there for pleasure.

Pharmacy had to be the place where the public went for health advice as the Government forced patients out of hospital earlier, and with the advent of GP budget holders.

The pharmacist was now the "gatekeeper of the healthcare system" rather than the doctor, responding to patient symptoms with advice and/or self-medication or referral to the GP. "He is well placed to give health education advice and information, especially about preventative care and treatment."

Pharmacists will develop and progress in business by doing the right things rather than by doing the things right (see slide 3). Being customer driven rather than product driven was the key, identifying the local retail activities locally and matching pharmacy services to specific consumer needs and niches.

Strategic horizons were more important than operational ones, Mr Turner said. Pharmacists then had to project the image that suited their objective

CHEMISTS & DRUGSTORES CONSUMER PROFILE BY AGE

Base: 1998 adults

	16-24	25-34	35-44
Population	10	10	10
Boots	10	10	10
Superdrug	10	24	10
Body Shop	20	20	10
Lloyds	10	10	10
Other chemists & drugstores	10	10	10

Source: Farber and POP

Where Britain shops April 1998

CHEMISTS & DRUGSTORES SHOPPER ENTHUSIASM

Base: 1998 adults

	Only When Essential	Occasionally For Pleasure	Frequently For Pleasure
Population	66	22	12
Boots	66	22	12
Superdrug	66	22	12
Body Shop	66	22	12
Lloyds	66	22	12
Other chemists & drugstores	66	22	12

Source: Farber and POP

Where Britain shops April 1998

RIGHT THINGS vs THINGS RIGHT

Right Things	Things Right
Customer driven	Product driven
Competitor focused	Internally focused
Fast moving	Lethargic
Strategic horizon	Operational horizon
Strong leadership	Strong management
Good communications	Poor communications

From the top, slides 1 and 2 outline public perceptions of pharmacy; slide 3 gives management tips

Avoiding the 'technology trap'

A just-in-time fully automatic ordering system that calculates demand from stock and frequency usage figures is soon to be field tested by AAH, Link marketing manager Simon Driver told the Convention.

Interlink software additions will include morbidity checks, doubling and patient condition interactions.

Link is soon to add a multi-user facility to Scripts so that a number of operators can access one Scripts software package from various terminals in the dispensary at the same time. A user with a redundant pharmacy system can run those terminals off Linkage PCs — a "sort of recyclable green computer", Mr Driver says.

The multi-user system could enable two extra terminals to run from one main Linkage — a total of four.

The outcome, Mr Driver says, is that the preparation of nursing home medication records need not interrupt dispensing because both tasks can be made to operate simultaneously.

The Scripts program locks off a patient record when it is accessed by one user preventing a dual transaction.

"If you are running two terminals for Scripts, you can run a word processing or spreadsheet package concurrently on the other two."



Simon Driver

Mr Driver apologised for the late arrival of a script endorsement program but said that was better than releasing software modules that had not been fully tried and tested. In the case of Linkpep the problem had been the complexity of the Drug Tariff.

Mr Driver noted that very few pharmacists receive formal training in the use of the Tariff: "even accredited expert opinion can be contradictory". "We believe that when the English and Welsh version of Linkpep is launched on June 1, it will be correct and in line with professional wishes."

Mr Driver also cautioned on the incorrect use of EPOS systems. Pharmacists should first determine what they wanted and then match system to need.

AAH expect EPOS to dwarf PMR development within two years.

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The popular NPA promoted patient medication record system

☐ **CheckOut**
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☐ **Ob-serve**
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Display fever pharmacists a

It's official!

This year's Mystery Shopper campaign from Crookes Healthcare has been the most successful promotion so far with more contenders for the £5,000 jackpot prize draw than for the past three years.



Sponsored by leading coldcare brands, Strepsils and Karvol, the aim of Mystery Shopper is to reward pharmacists who feature Crookes Healthcare point of sale units with cash prizes. "We've broken last year's record with an overwhelming response to Mystery Shopper 3 as pharmacists up and down the country put our coldcare brands Strepsils and Karvol on display to win money and boost sales," comments Andrew Portsmouth, Senior Brand Manager at Crookes Healthcare. "With Mystery Shopper, they just couldn't lose out".

Nearly two hundred pharmacists were awarded cash prizes for featuring two units and one window display before being short-listed for this year's grand draw. Comments on their effect on sales have been very positive.

Back to the future!

In the past, coldcare remedies have rarely been merchandised or sited strategically. That is, until

Crookes Healthcare took the initiative 3 years ago with the Mystery Shopper campaign - their biggest and best ever in-store promotion for pharmacy. The company introduced pre-filled point of sale units this year to support Karvol and Strepsils during national television advertising. These were designed to minimise the effort behind effective displays at the height of the season whilst maximising benefits - including cash prizes of between £25 and £5,000 for display conscious pharmacists.

MYSTERY SHOPPER



"It worked for Crookes and participating pharmacies" continues Andrew Portsmouth, "Mystery Shopper has been an outstanding success and it has boosted the performance of our brands into the bargain" he adds.

Best year yet!

According to this year's coldcare market report from Crookes Healthcare Strepsils sales through pharmacy have achieved record levels. Rising to £85.5 million, throat remedies performed well in line with the market scooping up 50% of sterling coldcare sales to remain the predominant sector. Strepsils was the outright winner, leading the way forward with growth of 13% of all sales last year. Vapour rubs, led by Karvol, were the fastest growing sector. An increase of 29% over last year's figures to £10.12 million. This is over twice the market rate of growth at 14% over the same period.

Front line tactics for the cold war

Despite this outstanding success, Crookes Healthcare believe that the potential in pharmacy for increased business is only just beginning to be realised by pharmacists. "In order to generate the optimum business and establish a loyal customer base, a serious rationalisation of the coldcare fixture is now a top priority" Andrew Portsmouth believes. "When allocating brand space, remember that 60% of throat remedy sales come from just 7 brands and that this figure rises to 90% from 3 brands in vapour rubs" he continues.

This is the single minded rationale behind Mystery Shopper. Utilising counter top space during peak sales periods for best selling remedies will make a real difference to the pharmacy cash flow. Whilst minimising the £ outlay, it will actually help to maximise the £ return. Will Mystery Shopper return for another nationwide roll call next year? "That" in the words of the man himself "would be telling!"



strikes gain!



David Hirshman and co-proprietor Geoffrey Bloch receive £5,000 prize cheque from Neil Murphy, National Sales Manager, Chemist and Medical with Frank Duxbury, Territory Manager in attendance.



Strepsils:
First Aid for sore throats

NORTH, SOUTH, EAST & WEST...



EVERYONE'S A WINNER!

Mr Hirshman, co-proprietor of Hirshman Chemist in Alnsdale, Southport for some 18 years prides himself on running an efficient, successful business alongside his loyal and dedicated staff. The Mystery Shopper promotion was well received by both staff and customers and Mr Hirshman comments, "We always stock a wide range of Crookes Healthcare products including Strepsils and Karvol." In fact, Mr Hirshman is committed to displaying the full range of Strepsils variants. He continues "Our business thrives on meeting all customer needs and in the winter months this is particularly important as there are so many different kinds of sore throat symptoms. Promoting Crookes' products prominently has certainly had an effect however we make a point of stocking Strepsils all year round as they always sell well." Mr Hirshman was surprised and very pleased to hear of his £5,000 cash win and plans to spend the money on a programme of home improvements in the year ahead.

Mystery Shoppers' nationwide spread of Cash Prize Winners.

Blueprint for the future

The architect of the present changes in the NHS system, Sir Roy Griffiths, presented pharmacists at the Convention with his blueprint for a successful future — to research and then offer any health services they determined were needed by the local community.

Sir Roy said pharmacists should develop these services at their own expense, so as to reap for themselves the profits. The thrust of the changes was to see that, as far as is possible, people are cared for within their own homes — that meant treating them "as individuals but with special needs".

The Government's determination to look for a greater variety of methods of delivering primary and community care means there is infinite room for development, Sir Roy says. One major area for pharmacy involvement is in residential and nursing homes, and in sheltered or very sheltered accommodation.

"The level of assistance that may be provided by the pharmacy depends on the qualifications and experience of the people running the homes and, of course, on the



Sir Roy Griffiths, deputy chairman NHS Policy Board

requirements of the residents.

"There would certainly be a greater reassurance from a liaison on a regular and continuing basis between a pharmacy and these homes."

It is important that pharmacists market these services, says Sir Roy, as well as providing educational and training visits to the homes to cement relationships.

"I feel strongly that owners of residential homes with

increasing statutory requirements and inspection procedures will be looking for assistance and reassurance in this area."

The same advice and assistance was required from a pharmacist for patients in their own homes supported by local hospitals or home care companies.

Pharmacists also had a role as members of professional teams implementing new programmes

of care within the community. But the other key area was for pharmacists to maximise the retail opportunities that were open to them.

Sir Roy believed pharmacists could consider the extension of existing services to include home help or meals or chiropody, or even helping with correspondence or house maintenance. "In other words looking at what the client's needs are and seeking help to meet them."

"Pharmacists have the obvious advantage that they are already well known in the High Street, are readily accessible and are in the provision of care, and that they could add on to their existing work a whole range of community services."

"I believe there will be an increasingly large demand for such services and the people here today should not lose the opportunity to paint a larger canvas for themselves."

All this would require training, teamwork with other professions and better use of limited space, to enable pharmacist to be a part of the "total care industry".

Living aids for home healthcare via pharmacy

Yellow Pages, local Council officers and health workers were the first stop in market research to determine if the local population could support new pharmacy services such as the supply of equipment to help the sick or disabled go on living at home.

Beatrice Hind explained to delegates how she had introduced an "aids to living" section after the purchase of the shop next door to their pharmacy in Frinton.

The section formed 5 per cent of the stock held. So far, in four years, turnover had built to between 7½ and 8½ per cent of the total, turning over 5½ to 6 times a year.

The pharmacy stocks core lines from the AAH Healthcare range, with back up from the catalogue delivered within 48 hours.

Mrs Hind said the present position had been reached through hard work, not only in informing customers, doctors, nursing homes, and local organisations about the service, but through the provision of leaflets, talks, demonstrations, seminars, home visits and consultations, as well as training staff. "So anyone contemplating providing such a service needs to be committed to the concept."

One advantage was that the aids for living service could be handled by trained staff other



Beatrice Hind (right) advises customers on 'aids to living'

than the pharmacist. "It need not be the sole responsibility of the pharmacist, yet affords a way of implementing Government recommendations on extended role which, coupled with the Society's exhortation to advertise services within pharmacy, opens the way to a market which is rapidly expanding.

Pharmacists have access to

patients, and their relatives, carers, neighbours, nurses and home helps, and so were ideally placed for community care, Mrs Hind says. They were well able to fulfil the Government definition of community care — of providing the services and support for people affected by the problems old age, mental illness, mental handicap or physical or sensory disability,

that will enable them to live as independently as possible in their own homes, or in homely settings in the community.

Pharmacists needed to find services that were compatible with the local community, then be fully committed to them and implement them with the co-operation of other healthcare workers and services, concluded Mrs Hind.

CLEAN UP



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RDS spell out their position

In view of the tenor of the publicity in the pharmaceutical Press last week concerning the abandonment of the Unipos project, I find it necessary to defend the position of myself and those who worked for two and a half years on the project.

I totally reject Tony Foreman's statement (C&D May 15) that "Unichem cannot be responsible for the actions of another company".

To implement Unichem's new policy of "not to use Unichem's name in any computer product", customers and a business partner have been abandoned. It was Unichem who took the initiative in 1990, when a meeting took place between Unichem personnel and three people who were to become the directors of Retail Data Systems Ltd (RDS). Unichem expressed their desire to have an exclusive EPOS system for their customer base. Subsequent to this and further meetings, RDS was set up in February 1991, and development of Unipos began.

The project was wholly funded by RDS directors and a contract was drawn up which provided that Unichem would purchase a specified number of systems within the period between July 1, 1991 and June

30, 1992, a level that was never to be achieved, despite several concessions from RDS. The revenue from the sales was to have repaid the development costs, and put RDS on a firm financial basis from which to continue the project. It was agreed by both parties that the target sales level due by end June 1992 would not be achieved and the period was re-aligned to the 12 months ending December 31, 1992.

The December 1992 sales target was not reached and in exchange for a very firm commitment by Unichem Marketing to the project for the years 1993-95, RDS did not enforce the contract. By the end of April 1993, sales were 70 per cent below the expected level and RDS ceased to trade after offering various solutions to Unichem, all of which were rejected.

The RDS team were dedicated to the success of the project, and in addition to working unpaid extended hours and weekends some took wage reductions, convinced that, given time, the work could be completed and Unichem would have the best pharmacy EPOS system available.

Some 14 months of work on version 3 of the software had been completed and, where installed, had met with praise and approval by both single and

group users. By the end of May all users would have had the benefits of this software.

Anthony Peel
Director, RDS

Editor's note: Jeff Harris, Unichem chief executive says: "I don't accept that Unichem bear the responsibility for the future of RDS. From my knowledge of the problem and from the many comments from RDS users, I know their problems arise for diverse and different reasons."

False prophet

I had expected that one of our elders and betters would refute the reasoning put forward by Mr Jeremiah of the DoH in the C&D interview (May 1).

He is dishonest to pretend that a cost-plus contract for the development and supply of new technology compares with our case where costs are carefully controlled, when no one knows what the costs will be.

Similarly, front-loading is not paying people more because they do less; it is recognition that dispensing by a small contractor is still done by, or under the supervision of, a pharmacist.

P W Goldberg
London W1



Novel DoH closure tactic

We had a few nocturnal visitors to our pharmacy last Saturday, May 8. You can see the results in the picture above.

I thought at first that the DoH had adopted a more direct method of closing down the 10 per cent of pharmacies they appear to want to lose. Financial attrition I can handle, but I draw the line at a scaffolding pole and 20lb fire brick!!

Mr A. Patel
London EC1Y

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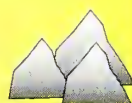
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Giving up smoking

This is the 28th Chemist & Druggist training seminar for pharmacists and their assistants, sponsored jointly with companies having a particular expertise in the title subject.

The grim reaper

Dr Elliot G. Brown, medical director of Marion Merrell Dow and an ex-smoker, examines the dangers of smoking

Smoking kills over 110,000 people in the UK every year. It is the largest single cause of unnecessary and preventable death in this country.

Cigarette-smoking significantly reduces life expectancy: at 40, male non-smokers can expect to live seven years longer than smokers, and female non-smokers almost five years longer than their smoking counterparts.

Cigarette smoke is a complex mixture of more than 4,000 compounds, including 43 proven carcinogens. Everybody, apart from the most obdurate and entrenched smoker, accepts that cigarette smoking causes lung cancer (it was responsible for 32,300 lung cancer deaths in the UK in 1988).

There is a 22-fold increased risk of lung cancer for current male smokers and a 12-fold increase in risk for female smokers. Cigars and pipes increase the risk seven-fold compared with non-smokers.

Fewer people may be aware that smoking is a major killer by causing other cancers: mouth, tongue, lip, oesophagus, larynx, bladder, kidney, pancreas and cervix. Over 11,000 smokers die from these cancers each year in the UK.

Most people are aware that smoking causes coronary heart disease (32,100 deaths in the UK in 1988). There is a 70 per cent higher risk of heart attack death in smokers than non-smokers. Even smoking less than five cigarettes a day



doubles the risk.

Again, there is probably less awareness that smoking can increase the risk of stroke — resulting in about 9,000 deaths in the UK in 1988. Only a few thousand patients die each year from aortic aneurysm or peripheral vascular disease as a direct result of smoking, but many more suffer the disabling effects of these conditions, including limb amputation.

The addiction to nicotine can be so strong that patients cannot stop even if they know that they will lose a leg by continuing to smoke.

Continuing smoking more than 15 cigarettes a day after arterial surgery for peripheral vascular disease resulted in a doubling of the amputation rate compared with quitters.

Even the most recalcitrant smokers probably admit that smoking is bad for the chest. In 1988, 22,000 people died from chronic obstructive pulmonary disease (chronic bronchitis) caused by smoking. And a huge number of patients are crippled by their smoking-related chest disease.

Smoking also contributes to peptic ulceration and stomach cancer. Other unpleasant aspects (apart from the perforating effect on the pocket) include effects on bone contributing to osteoporosis, and unwanted effects on pregnancy and the unborn child.

Smoking can interact with many medicines, for example, increasing risks of vascular disease with oral contraceptives. It also decreases insulin absorption, counteracts the beneficial effects of propranolol, atenolol and nifedipine, and reduces the efficacy of pentazocine, theophylline, tricyclic antidepressants and benzodiazepines by inducing enzymes which clear them from



Educate, motivate and support

Gill Hawksworth gives the community pharmacist's viewpoint

The opportunity for pharmacists to advise the public on smoking cessation and prevention has always played a part in some of the six million visits to community pharmacies each day.

As professionals our first duty is to support those who need to kick the habit and to encourage the younger generation not to start smoking.

Designating the pharmacy as a "no smoking area" with discreet signs and offering health education leaflets on smoking cessation at POS are first steps in the right direction.

It is important not to blame or accuse smokers: lecturing them is counter-productive. Sympathy and understanding go a long way to help,

especially with the "contented smoker".

The pharmacist's role is to educate, motivate and support in all cases, even when excuses for not giving up are given in defence, such as weight gain, "my only pleasure" or a family member who smoked until 90.

Fear of failure

Most people actually want to give up and it is the fear of failure that gets in the way.

A hard core do not want to quit and it can be impossible to persuade them otherwise. Money saving or health considerations are not usually taken on board by these people.

The pharmacist's advisory role has been made easier by the

the body.

Smokers are not the only ones to suffer; the rest of the community suffers too. Besides being exposed to the potential hazards of passive smoking it has to pay for the management of smoking-related diseases. The annual in-patient cost to the NHS of these diseases is estimated at over £325 million, on top of which are out-patient costs and sickness benefits.

Given these appalling statistics, it is hardly surprising that the World Health Organisation has officially recognised smoking as a disease in its own right, and that smoking can now be given as a cause of death on death certificates.

All the adverse effects are, to some extent, reversible after stopping smoking. Within five years of stopping, former smokers have up to a 90 per cent reduction in risk of lung cancer compared with smokers. Stopping smoking reduces the risk of heart attack by 20 per cent just two years after quitting 10 cigarettes a day and by 60 per cent for those who smoked 40 per day.

The psychological dependence and the strong physically addictive properties of nicotine result in real, if short-term, suffering when smokers try to quit, but this pales into insignificance when compared with the dangers of continuing to smoke.

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Help them stop

Consultant psychologist Dr Allan J. Norris PhD explains ways in which pharmacy staff can encourage smokers to stop

The reasons why people start to smoke are not the same as the reasons they continue to smoke, or why they may resume smoking after trying to give up.

Most smokers start in their teens. They probably do it experimentally in response to peer pressure and in an attempt to look grown up.

Dependency develops in stages. At first, smoking is maintained by social factors alone. As the smoker learns to use tobacco for its psychopharmacological effects it becomes useful for controlling mood.

Gradually, an element of physical dependence emerges which becomes the dominant factor in regulating consumption and in perpetuating the habit. Most smokers are addicted to nicotine inhaled in the smoke.

Role of nicotine

When absorbed from the inhaled smoke, nicotine enters the bloodstream rapidly and hits the central nervous system (CNS) before there is time for it to diffuse through the bloodstream.

It has general effects throughout the body, but smokers probably smoke for the CNS effects.

Moreover, we know that smokers regulate the concentration of nicotine in their blood.

They can do so because nicotine's rapid absorption

from inhaled smoke provides almost instant feedback of its effects.

Smokers appear to smoke to achieve what is for them a comfortable concentration of nicotine in the blood. They may tolerate considerably higher plasma levels but become increasingly uncomfortable as this level drops below their personal threshold.

However, nicotine is broken down quickly by the body. Its decline in the blood is complex, but the terminal elimination averages about two hours. Thus, within an hour, most smokers are ready for another cigarette to top up their plasma nicotine concentration.

Surveys indicate that most smokers know the main health dangers of their habit but continue to smoke.

They do so for one of two reasons. Either they do not believe they are personally at risk (or for some other reason they do not need to give up) or they believe they should quit but are unable to.

A different approach is required for each. Smokers must progress from the first stage to the second before they will try to quit.

Before giving up

Giving up smoking is not a single, simple event. It is a process which starts when smokers first begin to question their smoking and continues through other psychological

stages even before they make their first attempt at quitting.

One way of viewing this is the sequence: attitude change...intention...behaviour change. That is, before attitude change smokers are happy with their smoking.

They may not have questioned it. This is not incompatible with smokers' beliefs that smoking causes fatal illnesses.

Research has shown that these smokers believe they are not at risk as they think they are healthy, that they are not heavy smokers, they do not smoke high tar cigarettes, they will know when they should stop, their doctor hasn't told them to stop, and so on.

Conventional health education approaches are likely to have little effect on these people as they regard such advice as intended for "at-risk" smokers, not for them.

Individual advice from a health professional may have much more impact because it can generate cognitive dissonance which can precipitate attitude change.

You may not see any immediate manifestation of attitude change but it does not mean you have been unsuccessful. It can take months or even years for attitude change to develop into behaviour change.

Attitude change may be followed by an intention to change behaviour. But for a quit attempt to be successful the smoker's state of mind at the time of trying to give up is crucial.

Ideally this should be characterised by good motivation, strong determination and assured confidence.

Good motivation means having a really strong reason

deregulation of nicotine replacement therapies from POM to P medicines.

Advertising has also contributed greatly to raising public awareness to the point that pharmacists are now actively approached for advice.

They must respond with the right counselling and ask relevant questions before choosing the best method for each individual.

Initially when asked for advice pharmacists must reassure themselves that the patient is not pregnant and does not suffer from coronary heart disease, high blood pressure, circulatory problems or stomach ulcers. Problem patients should be referred to the GP.

The patient's medication may also be affected by smoking, so medication records are invaluable. Notable examples are caffeine, imipramine, theophylline, pentazocine, frusemide, propranolol and insulin.

Patients should be encouraged to pick a good time to quit, that is, not during stressful periods, and they should avoid situations associated with smoking.

Smoking accessories such as ashtrays and lighters should be disposed of and alternative activities suggested to replace the habit, such as exercise or sugar-free gum. It may also be helpful to quit with a friend.

Once they have picked a day they must stick to it and stop smoking completely, taking one day at a time.

Some patients have quit with sheer willpower, others have found success with alternative therapies such as hypnosis, but usually most need nicotine replacement plus professional support to be successful.

Counselling

The pharmacist must be prepared to counsel on whichever method is most appropriate, to ensure that nicotine gum and patches are used correctly.

Usually the first morning craving for a cigarette is the worst and manufacturers of the 24 hour patch (Nicotinell and Nicabate) maintain their patches help this problem best. Nicorette is a 16 hour patch. The manufacturers believing that 24 hour patches encourage sleep disturbances.

Each company has different

self-help support ranging from a telephone helpline to a guide through each stage of the programme.

The starting strength and step by step strength reduction also differ between manufacturers.

It is advisable for patients to continue with the first programme started.

For smokers who wish to give up with willpower the pharmacist can reassure them that the nicotine craving will last only for three days.

The worst day will be day three, as all the nicotine has been cleared from the body by then, and the need to hold a cigarette will last for three weeks. This is the "rule of three".

The pharmacist should encourage customers to return and discuss progress or problems to prevent relapse.

Return visits after stopping smoking can also help prevent relapses, which must not be taken as failure.

In these circumstances the cycle should be started again. It takes only one cigarette to start the habit again, so pharmacists will come across this problem many times.

Nicotine gum has the advantage of allowing the withdrawing smoker to administer nicotine when and where it is most needed, as most smoking is associated with other events.

For the first week the gum is best used at a rate of one piece every hour, on the hour.

It is essential for you to explain how to use the gum and ensure the patient understands. Press home the message: "Don't chew it, but bite it occasionally."

Nicotine patches have the advantage that they do not require anything from the patient. Compliance is easy and nicotine is delivered in a steady and relatively unvarying supply without the peaks or troughs associated with tobacco use.

They require no special instructions beyond applying the appropriate dose of patch to an area of clean, dry and hairless skin, holding the patch down firmly for about ten seconds, then leaving it for either 16 or 24 hours. A new patch is then placed in the same way on a different site.

Nicorette patch is worn for 16 hours, Nicotinell and Nicabate for 24 hours.

It is possible that, in the future, nasal nicotine (spray or drops) will become available as an aid to smoking withdrawal. This form of nicotine will more closely mimic the absorption of nicotine from a cigarette.

First follow-up

This should be no longer than one week after quit day. Check the following:

- Abstinence or consumption
- Take an expired air carbon monoxide reading
- Consumption of nicotine gum or use of patches
- Any problems encountered with gum or patch.

The most common problems with the gum are complaints about the taste, complaints about it sticking to dentures or of jaw ache, and complaints of mouth ulcers.

The taste is deliberately unattractive to deter children and abuse.

Adhesion to dentures can be eased considerably by keeping the dentures scrupulously clean. If patients experience jaw ache, they are probably chewing the gum too much.

Nicotine gum does not cause mouth ulcers, it is a common withdrawal symptom.

A recent Australian study suggested that nicotine gum users had fewer problems with ulcers than non gum users.

Difficult times

Patients using nicotine gum can now start to reduce their consumption but should not stint themselves on it.

They should use it to minimise withdrawal symptoms and to help with difficult situations.

They must be reminded that nicotine gum takes much longer than a cigarette to have its effect so they should try, as far as possible, to anticipate difficulties.

Nicotine patches are likely to pose fewer compliance problems although, as with gum, patients sometimes attribute tobacco withdrawal symptoms to nicotine replacement from the patch.

If the patient is using more than 15 pieces of gum a day, they should be referred to a GP for consideration of a prescription for nicotine gum 4mg (Nicorette Plus), which is still a POM.

Check there are no problems with the strength of patch. The patch should be used only once and replaced daily. A course of patches includes a reducing dose regimen.

You should also praise any progress and encourage the patient for the next week. Use the same procedure for future follow-ups.

Subsequent follow-ups can be at gradually increasing intervals: one week, two weeks, one month, two months, four months.

Follow-ups can be brief but should include a check on progress (with expired air carbon monoxide measurement if appropriate), a review of difficult situations and encouragement for those still abstaining.

If you are intending to carry out research in this field you should know that the usual follow-up period is 12 months and the usual criterion for success is the percentage of subjects entered into the study who have remained totally abstinent for the 12 months since cessation.

References

1. Russell M A H. in Nicotine replacement: a critical evaluation. Ed O. and C. Pomerleau. New York 1988. Alan R. Liss Inc.
2. Marsh A. and Matheson J. Smoking attitudes and behaviour London 1983: OPCS, HMSO



for wanting to give up. It can be developed by listing reasons for doing so and by revising the advantages that will accrue after giving up.

Determination may be enhanced by eliciting examples from the person's own experience of having to draw on resources of determination to achieve an objective.

Assured confidence means firmly believing that one can accomplish the task. People do not seriously attempt something they do not believe is possible for them.

Confidence may be improved by citing examples of others like them who have succeeded, or simply by expressing your confidence in them.

Preparing to quit

Provided the smoker is in the right frame of mind, some practical preparation will help.

This should include:

- Identifying potentially difficult times and planning for them
- Getting in the right frame of

mind

- Eliminating all cigarette stocks
- Cleaning the house and car to make them like a non-smoker's
- If possible, take an expired air carbon monoxide reading. Tell the customer that the reading will be the same as a non-smoker's after a week's abstinence.

On quit day:

- Stop abruptly and completely. Cutting down tends to be less successful, possibly because it prolongs the period of withdrawal and continues to maintain the addiction while failing to give smokers the psychological satisfaction of feeling that they have given up.
- Put aside the money that would have been spent on cigarettes to spend later on something indulgent.
- Use nicotine reduction therapy. This is available as nicotine gum (Nicorette) and nicotine patches (Nicorette patch, Nicotinell and Nicabate) in a reducing dose over ten or 12 weeks.

NICABATE™

Nicotine transdermal patch

THROUGH THE SKIN



DELIVERS

THROUGH THE POST



Nicabate abridged prescribing information

Presentation: Transdermal patch containing a drug reservoir of nicotine. Available in 3 strengths: Nicabate 7mg/day, Nicabate 14mg/day and Nicabate 21mg/day delivering 7, 14 and 21mg of nicotine respectively over 24 hours. **Uses:** Indication: Relief of nicotine withdrawal symptoms associated with smoking cessation. If possible use with behavioural support. **Mode of action:** Nicotine withdrawal symptoms may be controlled in some individuals by steady state plasma levels of nicotine lower than those with smoking. Provides systemic delivery of nicotine at a controlled rate whilst in contact with the skin. **Dosage and Administration:** **Adults:** Patients must be committed to stopping smoking and must stop smoking or using any other form of nicotine whilst using Nicabate. Usual dose schedule: Nicabate 21mg/day for the first 6 weeks; Nicabate 14mg/day next 2 weeks; Nicabate 7mg/day final 2 weeks. Patients with cardiovascular disease, weighing less than 100lbs or who are light smokers should start with Nicabate 14mg/day for 4-6 weeks. Decrease to 7mg/day for final 2-4 weeks. Individual dose titration is possible, see full product data sheet for details. The treatment course should not be longer than 3 months. However, following re-evaluation of motivation, further courses of Nicabate may be used at a later time if appropriate. The patch should be used once a day and worn continuously for 24 hours. Patients must not use a patch for more than 16 hours and must not wear more than one patch at a time. **Children:** Use of Nicabate is not recommended. **Elderly, hepatic and renal impairment:** Refer to data sheet. **Contra-indications:** **Warnings etc:** **Contra-indications:** Hypersensitivity to the system or its components. Use by non-smokers or occasional smokers or children. **Warnings:** Used or unused patches may be harmful or even fatal to children. Patches must be stored and disposed of safely. Potentially a dermal irritant, contact sensitisation possible. Avoid unnecessary handling. **Precautions:** Patients must not use any other form of nicotine whilst using Nicabate. If cardiovascular or other nicotine-related adverse effects increase, reduce or discontinue



NEW


NICABATE

Nicotine transdermal patch

ADDRESSING PHYSICAL ADDICTION AND PSYCHOLOGICAL DEPENDENCE ON NICOTINE

Nicabate. Do not exceed 3 months treatment. If severe or persistent local reactions occur, patients should stop Nicabate and contact doctor. Consider risk/benefit ratio in patients with cardiovascular and peripheral vascular disease, peptic ulcer disease, accelerated hypertension, hyperthyroidism, pheochromocytoma and insulin-dependent diabetes. See data sheet. **Pregnancy and Lactation:** Nicotine is harmful to maternal and foetal health. See full product data sheet for details. Use during pregnancy or lactation only if likelihood of smoking cessation justifies potential risk of using Nicabate. **Drug Interactions:** Smoking cessation with or without nicotine replacement may alter response to concomitant medications. Dose adjustments may be required. See data sheet. **Side-effects:** Local effects: mainly minor, most frequently transient itching, burning or tingling at application site. Rarely allergic skin reactions. **Systemic effects:** Include insomnia, abnormal dreams, nervousness, pain, myalgia, dyspepsia, pharyngitis and increased cough. Data sheet lists other effects with unknown causal relationship. **Overdose:** See full product data sheet. Signs and symptoms would be expected as for acute nicotine poisoning. Due to the potentially serious toxicity of nicotine supportive measures may be required. **Legal Category:** P.

TM Package Quantities: Nicabate 21mg, Nicabate 14mg and Nicabate 7mg, each in packs of 14 patches. **Cost:** Trade prices — Nicabate 21mg £17.23, Nicabate 14mg £16.42, Nicabate 7mg £15.59. **Product Licence Numbers:** Nicabate 21mg PL4425/0129, Nicabate 14mg PL4425/0128, Nicabate 7mg PL4425/0127. Further information including full product data sheet is available on request from the licenceholder Marion Merrell Dow Limited, Lakeside House, Stockley Park, Uxbridge, Middlesex UB11 1BE. **Date of Preparation:** November 1992. **Trademarks:** Marion, Merrell, Dow, Nicabate

 MARION MERRELL DOW

'More protection' call to RPS



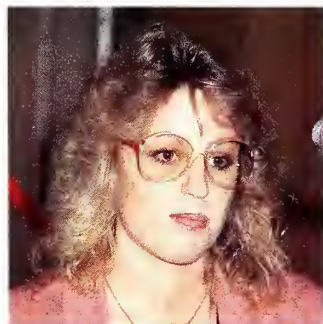
Suzanne Johnston proposed the disbanding of the Society but...



...Elizabeth Roddick on opposition



Peter Curphey proposing that Council should safeguard interests of individual members. He stood for election to Council, however he has failed to be elected (see p936)



Helen Henley — concerned about classification of analgesics



Allan Asher opposed the two-tier system for P medicines

The Branch Representatives Meeting last week voted not to disband the Royal Pharmaceutical Society but called for stronger action to protect its members.

Suzanne Johnston, Dudley and Stourbridge, proposed that "the Society has become an irrelevant and ineffectual body with neither the will nor the power to stand against political and commercial pressures. It is urgent that a new body is established to safeguard the interests of individual members."

She said changes were being thrust on the profession which could totally destroy it, yet the Council seem to act only after the event. Why, for example, had Council waited until March to consider the criteria for determining which small pharmacies were essential?

Seconding, Richard Bicknell said the lack of effective leadership could be seen in the latest proposals for a professional allowance. While appreciating that the Society could not be involved directly with remuneration, it should be involved in protecting members' interests. If a quarter of all pharmacies closed and many pharmacists were forced to work part-time, the loss of fee income would make the Society even less effective.

Strengthen RPSGB

Elizabeth Roddick, Glasgow, opposed setting up another body saying the existing one should be strengthened. The public relations department should become more pro-active. Council members should communicate more effectively with the membership, listen harder and act on what they heard; there may also be a case for "new blood."

Gerald Zeidman, Barnet, opposed the motion because he felt the Society should remain the body which set high ethical standards. But he did feel it should reflect much more the interests of community pharmacists, possibly by setting up a special committee.

John Urwin, West Cumberland, said the fact that 50 branches had chosen not to send representatives to the BRM must reflect the membership's impressions of the Society's efficacy.

Roger Mills, Slough, opposed the motion as "pie in the sky" and asked "What makes you think another body would be any more effective in grasping, tackling and solving the problems we face?"

Mark Koziol, Birmingham, did not think many pharmacists wanted to disband the Society but he urged delegates to vote for the motion as a token gesture to indicate they were not happy.

Peter Curphey, Isle of Man, proposed an amendment which removed the call for a new body, saying instead: "It is urgent that Council is

At the Branch Representatives Meeting last week the motion to disband the Society was defeated but motions limiting the classification of analgesics and student numbers at university were carried

stimulated to safeguard the interests of individual members." He thought the motion as it stood would be defeated, because no-one really wanted the Society to be downgraded, and Council took no action on defeated motions. The only way for the BRM's views to be regarded was to vote for a motion that would be considered by Council. The amended motion was carried.

Bath Branch withdrew a motion calling for a national pharmaceutical liaison body "capable of forcefully supporting the interests of members in negotiations with the Government," because the proposer and seconder were unable to attend.

The meeting then spent much time discussing ways of giving Council more "teeth." A motion was carried that details should be published of how individuals voted in Council debates, so that the electorate would know where members stood on various issues. A motion calling for Council members to take a break of three years after 15 years service was narrowly defeated. Also lost was a motion calling for one Council place each year to be filled by co-option to ensure that minority sectors of the profession were represented.

NE Lancs proposed that steps be taken to reclassify paracetamol as a P medicine. Gillian Cooper said that despite recent labelling changes, the public were still ignorant of the paracetamol content of medicines, with fatal results. Its widespread availability did little to enhance its profile as a potentially toxic drug.

Analgesic switch

Helen Henley, Bromley, was concerned that if paracetamol was reclassified as a P medicine, consumers might buy aspirin from non-pharmacy outlets and give it to people for whom it was unsuitable, such as young children. She proposed an amendment that both aspirin and paracetamol should become P and the amended motion was carried.

The British Pharmaceutical Students Association proposed a motion deploring the

increasing numbers of pharmacy students. Joel Hirst was concerned that the standards of pharmacy courses would suffer and that there would be insufficient preregistration places, resulting in some students having their preregistration training in less than ideal situations.

Lynne Brown pointed out that pharmacy was a vocational profession whose numbers should not be controlled by universities bidding for Government funding. However, the Society's secretary and registrar John Ferguson said that over the next few years there would be less pressure on universities to obtain funds by taking in more students. The motion was carried with an amendment calling on Council to investigate methods of limiting numbers and to report within a year.

Doctors restricted

Two motions were carried restricting doctors' involvement in pharmacies. Peter Clarke, Dorset, proposed that the Code of Ethics be amended "to indicate the undesirability for a pharmacist to accept or be involved with paid employment at a pharmacy owned by one or more GPs or by a private company in which they or their nominees have a significant financial interest."

Plymouth Branch proposed another successful motion that the Medicines Act be amended so a doctor (or spouse) could no longer become a member of a body corporate controlling a pharmacy licensed by the Society on the same site or near a surgery in which that doctor prescribed. It was argued that doctors who owned pharmacies would direct patients to them, there was a definite risk of fraud and if contract limitation was abolished doctors might open pharmacies in their own surgeries.

A motion seeking a two-tier system for P medicines, in which some products were sold only by the pharmacist and others were sold under pharmacist supervision, was defeated. Speakers opposing the motion felt there was no need for a change in the law; it was up to pharmacists to ensure that sales were appropriate.

Allan Asher, East Metropolitan, commented: "There are plenty of commercial organisations that would be only too pleased to seize on the fact that we had a devalued P category and would ask why we needed that lower tier at all."

The afternoon session was again devoted to group discussions during which motions were passed calling for the Society to press for doctors' dispensaries to be inspected regularly to the same standards as those for pharmacies, and for pharmacists under heavy stress to have access to some form of assistance and counselling.

Unipos users clamour for system cover

The Unipos company RDS have ceased trading says their managing director Anthony Peel in a letter to *C&D* (letters, p956). A creditors meeting is planned for June 2.

Meanwhile, Unichem plan to make an announcement about future support for the EPoS system at their trade show on May 23. But until then chief executive Jeff Harris would only tell *C&D*: "We have got hardware cover for Unipos and we are trying to arrange software cover. We are virtually there, and are hoping to be able to put it in place by the end of the week; then we will communicate with Unipos users."

Deputy marketing director Tony Foreman added: "We have had a number of companies approach us saying 'we can support your customer base'. We will make a choice and announce it on Sunday."

Inevitably some Unipos users remain unhappy. Sarah Edwards of Sarah Edwards Pharmacy, Llantwit Major told *C&D*: "I was disgusted with the way Unichem

treated us. No-one has told us officially what has happened."

"I've made lots of noise and written letters to Unichem's head office but no-one told us what was happening."

"Nothing is coming through on the *C&D* price list, and it was the price list I got the system for."

"I am a regional committee member of Unichem and I can't even get a list of who else has the Unipos system, which would allow us to get together."

Peter McCree, superintendent pharmacist of the Lincoln Co-op pharmacy chain, has 14 Unipos systems in his shops. He said: "My concern is Unichem didn't have anything in place when they pulled the plug on RDS."

"I'll be seeking compensation for the system from Unichem — its them I've got a contract with. I expect them to honour it and provide me with an efficient, working EPoS system, and compensation for the problems I've been having in the meantime."

Nevertheless, on the service side, Mr McCree is prepared to

give Unichem a period of grace. "I am waiting patiently for Unichem to get their act together and get it sorted out. At present they can't do anything; I'm prepared to give them a couple of weeks to see what they come up with."

Jaag Dahely of Courts Pharmacy in Ramsgate is a computer buff and a Unipos fan. "It is a wonderful system, I've always liked it. However I've had problems with the latest software taking the price list over the past four to six weeks. Now I'm waiting until a new software company takes over."

"I wish I hadn't gone with Unipos, I only did so because Unichem is my principal supplier."

However, Mediphase, who are running the helpline for Unipos users during what Mediphase managing director Maurice Leaman describes as "this transitional period," told *C&D*: "We are coping very well with the Unipos inquiries. We are very familiar with the software and are able to maintain good helpdesk facilities for Unipos customers."

Sunday trading reform moves up Tory agenda

Conservative backbenchers and opposition MPs have expressed fears that the Government is planning to make a further attempt to replace the current restrictions on Sunday trading with complete deregulation.

Their anxiety surfaced in the Commons last week when the private members Bill seeking only minimal changes in the existing law and introduced by Ray Powell (Labour) who is sponsored by the Shopworkers union USDAW was virtually killed.

Peter Lloyd, Home Office junior minister, confirmed that the Government intended to introduce its own legislation early in the next session of Parliament, which is due to open in November.

He announced that as a preliminary step a draft Bill would be published during the Summer.

The Government plans to give MPs a choice of options — and total deregulation will be one of them.

The other options are expected to embrace the views of the Shopping Hours Reform Council and lift many of the existing restrictions.

Wellcome wield the big stick

Wellcome have moved to protect their patent of Septrin by prosecuting five companies involved in parallel importing.

According to Wellcome some importing from Spain and Portugal has involved an infringement of Wellcome's trademark for the drug.

Wellcome say that in four of the cases the courts found in their favour. These cases, now consolidated into one action, are under appeal; the fifth case is still pending.

Wellcome do not wish to name the companies they are pursuing through the courts.

Nevertheless, "We will pursue this issue right down the line," said the Wellcome spokesman.

Pressure to merge wholesalers, says GIRP

Pricing pressures, the push for generic products and a squeeze on distribution margins are making life difficult for pharmaceutical wholesalers, GIRP president Dr Franz Zeidler told the group's thirty fourth plenary session held last month in Seville.

GIRP is the European grouping of national pharmaceutical wholesaling associations.

Dr Zeidler said that as a consequence, concentration processes and mergers are on the

increase to enable companies to cope with rising costs as economies of scale were made possible.

GIRP has drafted the code of good pharmaceutical wholesale distribution practice which is provided for in the Directive on

the wholesale distribution of medicinal products for human use.

Compliance with the code will form a requirement to hold authorisation to engage in wholesale dealing under the Directive.

ICI demerger approval sought on May 28

The extraordinary general meeting called by ICI to approve their planned demerger of Zeneca is scheduled to be held on Friday, May 28.

A vote in favour of the demerger means that for each ordinary share of ICI, the shareholders will receive one Zeneca share.

If approval is won for the move Zeneca is planning a five-for-16 rights issue at 600p a share. Zeneca would expect to raise some £1.3 billion, net of expenses.

Nearly all of the cash raised in

the move will be used to repay debt owed to ICI.

The ICI board are claiming that the demerger will mean ICI and Zeneca can:

- Concentrate resources on a smaller number of businesses sharing common interests
- Reinforce cost reduction and restructuring
- Release management creative energies
- Release the share value of ICI and Zeneca.

If the board win the vote the demerger will be effective from June 1.

Fax on Abbott Labs

Abbott Laboratories have changed their fax numbers to: 0795 593340 (order queries); 0795 593335 (general information).

Zeneca licence

The Zeneca subsidiary of ICI has licensed tyrosinase Type 1 to Swedish Orphan AB. Under the agreement the Swedish company can develop, make and supply the compound worldwide.

Support for industry view

The pharmaceutical industry has welcomed a new Parliamentary report which warns that measures aimed at reducing NHS costs may encourage the import of foreign generics at the expense of UK manufactured medicines.

"The Government's obligation to ensure that it obtains value for money from the drugs it buys has to be balanced against its responsibility to promote the UK pharmaceutical industry, from which the UK derives substantial economic benefits," says the report, from the Parliamentary Office of Science and Technology.

The Office was established to inform both Houses of Parliament on scientific and technological issues. The report, "Technology and the NHS Drugs Bill," concludes that "technological advance has been and will continue to be an important factor affecting drug costs, but these costs cannot be seen in isolation of effects on patient quality of life, and reduced costs in other parts of the NHS (for example, through avoiding surgery and time in hospital)."

Finding a way of evaluating the costs and benefits of new drugs still requires considerable work before it can be regarded as quantitative, the report adds.

Commenting on the paper, Dr John Griffin, director, Association of the British Pharmaceutical Industry, said this week: "Government would do well to take on board the message from this analysis, which supports our case that knee-jerk cut-backs in prescribing costs, such as the Limited List, are not in the interests of patients, taxpayers or the economy."

Vantage provide practice leaflets

A new business support service has been introduced by AAH Pharmaceuticals for their Vantage symbol group members.

The company's pharmacy practice leaflets promote the service offered by each individual Vantage pharmacy to their local communities.

They detail all the standard services offered by community pharmacy, together with other specialised services offered by the individual pharmacy.

They have been designed to be in line with Department of Health requirements.

United Drug raise spending cash

Dublin based pharmaceutical wholesalers United Drug are planning a rights issue to raise IR£4.47 million.

The company bought Alchem at the end of last year, the parent company of Sangers (Northern Ireland). Now they believe that there are further opportunities to buy "small or medium-sized" businesses which will fit in with their existing operations.

The five-for-one rights issue will involve the issue of a further

2.7 million new ordinary 25p shares in United Drug. Dealing in the new shares is expected to commence of May 13.

United Drug's chairman Martin Rafferty said: "The further strengthening of the group's balance sheet will enable the company to pursue its development programme."

The market capitalisation of United Drug has increased from IR£3m to over IR£26m since the beginning of 1986.

Fuji's magic box

Fuji have launched a photographic enlarger that can produce A5 or A4 photographs directly from customers' prints. Now old photographs whose negatives have long since been lost can be copied and enlarged in under 70 seconds.

Fuji are keen to emphasise that their Pictostat 200 is not a photocopier but produces a form of photographic enlargement.

It is certainly an option for smaller businesses as it takes up just 0.33 sq m of floor space and needs only a 13 amp plug socket to be up and running. Moreover, the £10,000 price tag keeps it in the investment range of pharmacists who want to provide

this service.

In the first instance Fuji expect the Pictostat to be taken up by businesses already using minilabs. Such businesses would already be committed to photoprocessing and would have the footfall to justify the investment.

The A4 enlargements use around 67p worth of materials, say Fuji, and at a rough guesstimate a business would want to make 10 enlargements a day to break even with the machine. The enlargements could expect to bring in around £2.50 a piece.

Fuji expect to begin supplying the machines from July.

Coming Events

CPP exam school

The College of Pharmacy Practice is organising a combined exam school for both the Practice Workbook and Oral Presentation Assessment and Objective Structure Practice Exam. The school will take place on Sunday, June 6, from 10.30am to 4pm at the College in Coventry.

Priority for attendance will be given to candidates who have already registered for both the assessments. The fee will be £10 for members and £30 for non-members. Details from Michelle Chaplin on 0203 692400.

Saturday, May 22

Edinburgh and Lothians Branch, RPSGB, at the Sheraton Hotel 7.30pm, May ball.

Monday, May 24

Slough and District Branch, RPSGB, at the Postgraduate Centre, King Edward VII Hospital, Windsor, 8pm, buffet from 7.15pm. Lecture by Dr Patrick Vallance, senior lecturer in

clinical pharmacology, entitled Nitric Oxide, mediator, metabolite and target for new medicines.

Ogwr Branch, RPSGB, at the Pyle and Kenfig Golf Club, 8.30pm. Annual general meeting, buffet provided.

Tuesday, May 25

Hull Pharmacists' Association, at the Postgraduate Education Centre, Hull Royal Infirmary, Anlaby Road, 7.45pm for 8pm. Sponsored meeting, MeRec Revealed — The Inside Story, by Mr N.W. Hough.

Wednesday, May 26

Somerset Branch, RPSGB, at Lyngford House, Selworthy Road, Taunton, buffet 7.15pm for 8.15pm. The Development of Wholesaling and the Pharmaceutical Profession by Mr William Hart, marketing director of Unichem.

Thursday, May 27

Bedfordshire Branch, RPSGB, at the Ibis Hotel, Spittlesea Road, Luton, 8pm. Working dinner with Dr Alison Blenkinsopp.

Advance information

The Chenies Herb Group, talk on "Herbal remedies and pharmacists' medicines for humans and companion animals" by Keith Jenkins MRPharmS, **May 26, 7.30pm.** Details from Keith Jenkins, tel: 0296 623555.

Job losses to cut costs, says analyst

There could be 50,000 - 100,000 job losses in the pharmaceutical industry worldwide, according to analysts Lehman Brothers International.

This could be the industry's short-term response to lower profit expectations, leading to possible savings of \$5 billion. Lehman's pharmaceutical research team believes the industry has lost political franchise, citing the end to pricing flexibility in the US, PPRS renegotiation in the UK and price cuts in Italy and Germany as recent pressures on pharmaceutical companies.

Long term responses are likely to include mergers, joint ventures and acquisitions.

Speakers at Lehman's fifth annual European healthcare conference, "Coping with cost containment," last week looked at how healthcare reforms in the US might affect European companies.

Dr Jean-Pierre Garnier, executive vice-president, pharmaceuticals, Smithkline Beecham, outlined the six "drivers for success" needed for companies to survive through the nineties. These were global marketing, a limited reliance on products soon to come off patent, a limited dependence on price increases, and the ability to cope in managed care by negotiating discounts and creating value-added packages with large purchasers. Other pointers to survival were cost effective new products and effective marketing.

Martin Backhouse, group health economist, Wellcome Foundation Ltd, predicted that value for money would become increasingly important for new drugs to be successful. Companies would need to examine cost effectiveness alongside safety and efficacy in clinical trials and be able to present this data to licensing authorities.

Roberts buy Glaxo line

Roberts Pharmaceutical of the US have bought five products from Glaxo Canada and have signed an agreement to promote three more, with an option to purchase.

Roberts assume ownership of Betnesol, a topical anti-inflammatory steroid; Prenavite, a prenatal vitamin supplement; Bacitracin, a zinc antibiotic ointment; Glaxal moisturising cream; and Barriere protective hand cream. The company will also promote Trandate, Betnovate and Dequadin.

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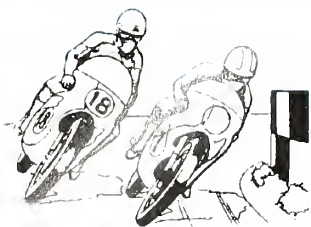


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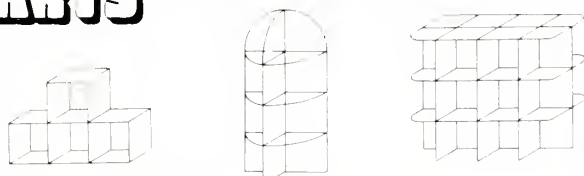
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Aboutpeople

Calvert and Greenleaf receive Charter medals

Leslie Calvert and Joan Greenleaf OBE were honoured with Charter silver medals at the Royal Pharmaceutical Society's AGM on May 12.

Presenting the medals, RPSGB president David Coleman said he had selected two recipients "who have made quite outstanding contributions to our profession over a considerable period of time."

Mr Calvert had made Leeds his "life and base", involving himself with the local branch, NPA branch, LPC, FPC and PSNC, Mr Coleman said.

The president read out tributes to Mr Calvert from colleagues. One said: "His involvement covers the entire pharmaceutical field and without members of this calibre local activity would undoubtedly falter."

Receiving the medal, Mr Calvert thanked the president

and said he received it with pleasure and pride.

When he was old enough to decide on a career he had the choice of law, accountancy or pharmacy, he told the AGM. "I have never regretted my choice. Every day has been different and interesting. It has never been a toil to go to work."

Mr Calvert also paid tribute to his wife Connie. "I couldn't have done things without her support," he said.

• Joan Greenleaf OBE was honoured for her "outstanding" contribution to hospital pharmacy in the London area.

Regional pharmaceutical officer for the North East Thames Regional Health Authority for 18 years, she retired in April 1990.

"I have no hesitation in saying that throughout her term of office as regional pharmaceutical officer Joan Greenleaf was



Leslie Calvert and Joan Greenleaf received medal honours from RPSGB president David Coleman



recognised by colleagues as a leader," Mr Coleman said.

"You have also contributed significantly to the work of the Society, of the Guild of Hospital Pharmacists and the College of Pharmacy Practice."

In reply Ms Greenleaf said she was very grateful for the honour adding that she had mixed feelings about receiving the medal at this time.

"The sea of the NHS is very rough indeed," she told the AGM, adding that she was confident that the ship would be able to ride the storm. However, she was also pleased that she had reached dry land and could watch developments through a telescope.

Appointments

LRC Products have appointed two new directors. **Jean Smith** will be the director of marketing in the consumer division. **Paul Guise** is the director of sales for consumer products.

The new chairman of Numark's Retail Advisory Board is **Peter Marshall** following the retirement of Don Ross.

Dr Goran Ando is now research and development director of Glaxo Group Research.

Robinson Healthcare announce two appointments. **Mr Mark van Rossum** is the new general manager, sales and marketing, for the medical products division. **Karen Rooksby** is the new national account sales executive.

Vicky Hope is the new senior product manager with Neutrogena.

Konica have appointed **Sarah Estall** as marketing assistant.

No election needed...

Since the number of nominations for election to the Scottish Executive of the RPSGB is equal to the number of vacancies, there will be no election this year.



Traveller and broadcaster Judith Chalmers speaking at last week's launch of the national Pharmaceutical Association's 'Beat the bite' campaign (last week p886) which aims to educate the public about the threat of malaria. NPA director Time Astill looks on while MP Simon Hughes listens intently. The Liberal Democrat lost his brother to the disease last year; he had taken a holiday abroad and exercised all the usual precautions. National Press coverage followed radio and TV exposure on launch day

Sponsored walk in 16th year

Pharmacist Popat Shah's 16th annual sponsored walk is to be held on Sunday, July 4.

The ten mile walk starts in Edgware and takes in Kingsbury and Stanmore. Money raised will go to the Mayor of Barnett's Appeal for Multiple Sclerosis.

Mr Shah hopes to beat last year's figures of £5,000 raised by

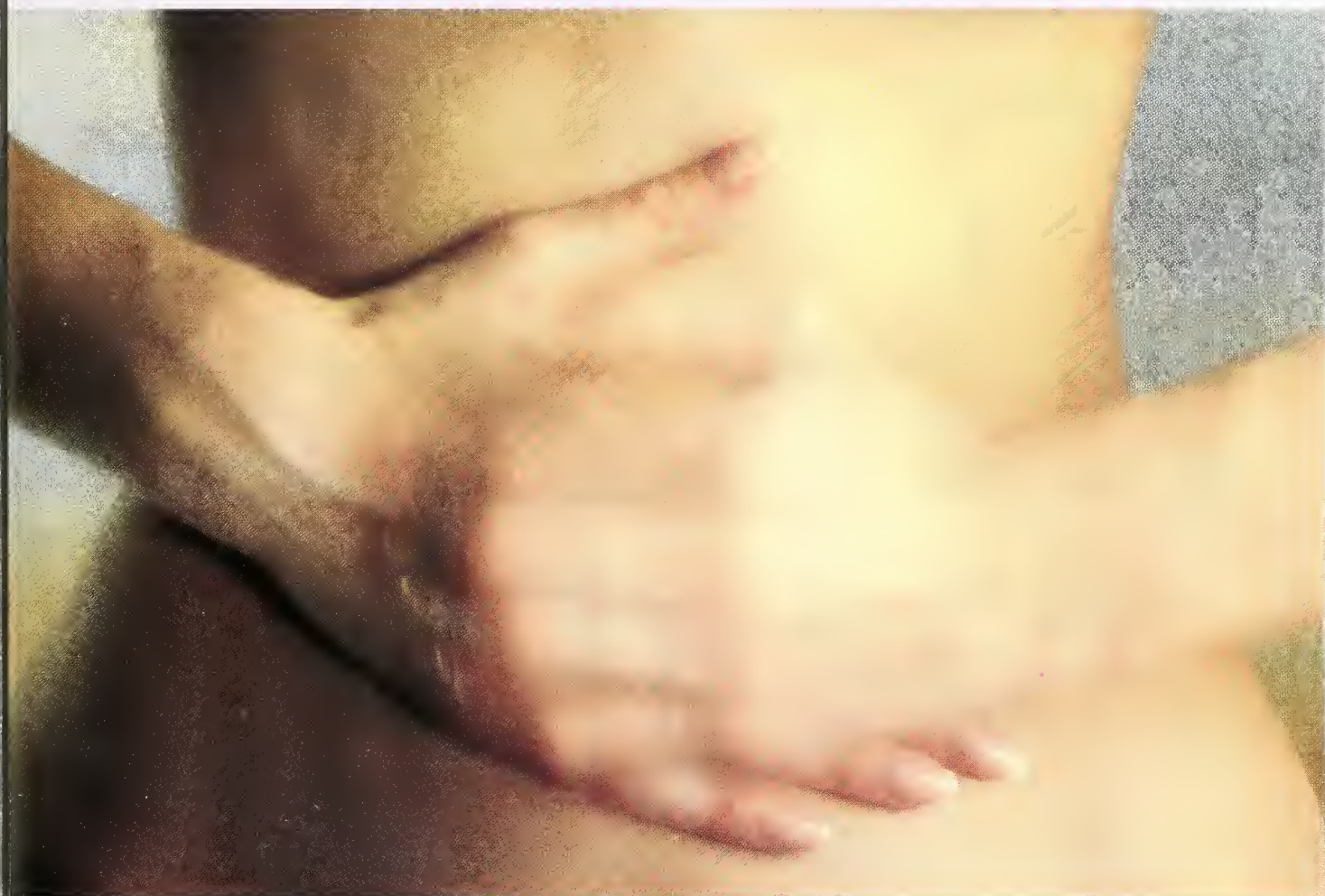
133 walkers. Every entrant this year will receive a T-shirt donated by Sigma Pharmaceuticals.

Mr Shah also raises money for Guide Dogs for the Blind and the Barnett Hospice in other events held throughout the year. Anyone interested in the walk should contact Mr Shah on tel: 081-959 1835.



The Oshwal Pharmacy Group's charity walk raised £9,500. Birdsgrove House and the Commonwealth Pharmaceutical Association will each receive a £1,000 donation. The rest will be distributed among Age Concern, Emergency Disasters Committee and a fund for the construction of a local children's playground

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